

January 23, 2017

Federal Elections Commission Attn: Ruth Heilizer, Attorney 999 E Street, NW Washington, D.C. 20463 Attention: Enforcement Division

MUR # 7213

3

Dear Ms Heilizer:

Thank you for your note dated November 30, 2016. Please see the below complaint regarding Labor United for Connecticut's (LUC) clear violation of the Federal Election law within the State of Connecticut. In looking at the required state filings for LUC, the committee was closed on December 6, 2016. For your information, according to state filings, which are attached, LUC treasurer and chairperson was listed as Paul Filson throughout the time of complaint as no official paperwork was filed with Connecticut's State Elections Enforcement Committee.

Here is a resubmittal of my complaint properly notarized and signed.

My name is J.R. Romano and I am the Chairman of the Connecticut Republican Party. I am writing today regarding a clear violation of Federal Election law within the state of Connecticut.

The Independent Expenditure Only Political Committee, Labor United for Connecticut paid for digital advertising displayed on October 26, 2016 disparaging Republican Presidential candidate Donald Trump.

This political committee, led by Paul Filson, 20 Beverly Road, West Hartford, CT 06119 (who acted as both the chairman and the treasurer) is a state committee. They raised money to benefit state candidates and used those funds to purchase this anti Donald Trump media piece.

It is my understanding that when we are in a federal election, which 2016 was considered, all monies expended on behalf of support or opposition to a federal candidate must be spent with federal dollars.

After \$1,000 has been spent in support or opposition a federal Political Action Committee must be established. To my knowledge, no such PAC was created and this digital advertisement was spent with dollars specific to defeating state candidates.

This is a clear and blatant violation of federal law and on behalf of the Connecticut Republican Party I am filing a formal complaint with your office and asking that an investigation into this matter be conducted.

The integrity of our election laws are at stake and your prompt attention to this matter would be greatly appreciated.

Sincerely

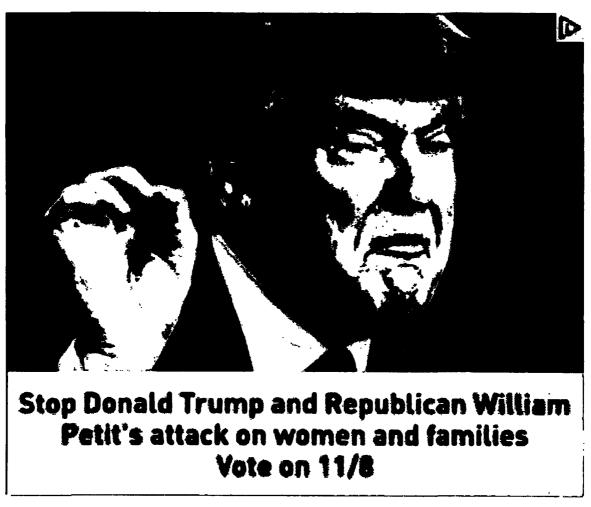
Connecticut Republican Party

State of Connecticut: County of Hartford

Subscribed and sworn to before me on this 23es day of Janua

NOTARY PUBLIC
MY COMMISSION EXPIRES AUG 31, 2017

Democratic incumbent Dante Bartolomeo as a close ally of the governor; big red signs urge voters to "Stop Malloy Tax Hikes" by voting for Suzio.



ADVERTISEMENT

"He's trying to make me into that person, which I'm not," Bartolomeo said. Suzio's approach is ironic, she said, because she has bucked the governor on a number of key issues, including a criminal justice policy that allows inmates to earn

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised Msy 2016



Electronic Filing

Do Not Mark in This States For Official Use Only

Page 1 of 18

COVER PAGE

	CU	VER P	AGE				
1. NAME OF CONOCITIES	-			andria and the second of the second	2 H Ê	CITON/RÉRERENDEM DATE	
Labor United for Connecticut							
I TREASURER NAME		·	and the second			e , u de Veg e	
Pirst		м	Last			Suffix	
Paul		-	Filson			- Camar	
4 TREASURER ADDRESS 4		1		a igramação maia	چ اري من وي ورد منوي	en de la companya de La companya de la co	· · ;
Street Address	City			· · · ·	State	Zip Code	
20 Beverly Rd	West	Hartford			СТ	06119	•
a many and harmony		1.				The second of the second of	427.7
S.TIOR OF REPORT	<u> </u>	13-4-61				- All the second of the second of	
Termination Report for Independent Expenditure Poli	iticzi Ad	tion Com	nittees (Non Si	landard) – Orl	ginal		
C. MITOTON CONTROL .		7	 				-: .
A PERIOD COVERRO	· · · · ·					The state of the s	-
Washington Wash			Rading Date				
Beginning Date			Promis rans				
10/31/2016		thru	12/06/2016	3		•	
TORRESTON 2 24 3	· · · · ·	Ĩ	* • ;	-			
PACERTUREATION		<u> </u>			<u></u>	F	
I hereby cartify and state, under penalties of fals Itemized Campaign Finance Disclosure State complete, and further that any expenditures and obligations disclosed to	ement f	or the peri de indepen	od covered is tru ident of any othe	re, accurate an	4	•	
Mashania Mila		ul Filson					
Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE			OF SIGNER			7/2016 9:48:22PM CERTIFIED (mm/dd/yyyv)	
INDEGRADA OR DELOIT INDEGRADA (GIRALIONS	r.	MI MANUS	OF BIGHER		DAIB	CONTILIED (implies 3333)	
The same of the sa	List Sauer	-V= V & C	e major. Sales are a			,	
and the second s					•	4 4	
A Person who is found to have knowingly and willfu pensity or imprisonment or both.	illy violet	ed any pro	visions of the ca	mpaign finance	statutes faces	• e civil	

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	k Language and a second
Labor United for Connecticut	Termination Report for Independent E Action Committees (Man Standard) -	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$103,364.26	27
10. Monetary Receipts (Section A and B)	\$6,071.32	\$178,071.32
11. Loans (Section C)	\$0.00	. \$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$6,071.32	\$178,071.32
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$109,435.58	\$1 98 ,071.32
14. Expenses Paid by Committee (Section G)	\$109,435.58	\$198,071.32
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$0.00	\$0.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Belance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	التحديث والمراج المحاسا
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

L RECEI	PTS (Section A-E)			4			
'NAME OF COMMITTEE (As reported on Page 1, Line 1)	`		. ,		TYPR (F REPORT			
Labor United for Connecticut		· ·			Terminat	on Report for in	depend	lent Expenditure Pol	
A. Total Contributions from Small Individual Contributo See justications for definition of Small Individual Contributor).	rs-Re			NLY stal Section			•	\$0.00	
B. Itemized Monet	ary Re	celpts			,				
								· · · · · · · · · · · · · · · · · · ·	
Nemto SEIU									
Street Address 1800 Massachusetts Ave NW		City	W	ashington			State	Zip Code 20036	
Principal Occupation (If applicable)		-	Name of En	ployer (if sp	plicable)			•	
Source Type : Individual/Sole Proprietorship Committee Bank Affiliated Business Entity Affiliated Organizati			Receipt : : Interest ellaneous	Contri	bution Distribution			nt for Shared Expense	
	Cus	Check		K EF	ŗ		Agg	regate Receipts	
if yes, list Brent # No Credit/Debit Card Payroll Deduction Monsy Order									
Is contributor a lobbytst, spouse, or dependent child of a lobbytst? Yes X No Is contributor a state contractor, yes indicate which branch or be government the contract is with:	_			zof ? Legislati	_	Yes X 1	40	Amount Received	
Description (if applicable) Contribution					Date Rece			\$6,071.32	
						Total of Secti	шВ	\$6,071.32	
TOTAL OF ALL RECEIPTS	(Se	ections A & B)	(Tota	el on Line I	of Summ	ary Page)		\$6,671.32	
I. RECEIPT	S (Sec	tion A-E)		-,					
				Τ.				· ·	
NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut	·	<u> </u>				REPORT		et Sweediture	
Labor United for Connecticut			<u> </u>			ion Committee		izndard) - Original	
C. Loans Received	this Pe	riod		n (n		,	•		
Name of Lender		Source of Loan:					100	ate of Receipt	
		Bank	Individus	ı	Committe	e Other			
Street Address	City				State.	Zip Cods		there a coalgner or parameter of this loan?	
Name of Corigoer/Guarantor (if applicable)	1						\dagger	Yes No Amount Received	
Street Address	1_	<u>-</u> .					4		
	City				State	Zip Code			
A STATE OF THE STA						Total of Sect	lon C	 	

	ECEIP	TS (Sections A-E)	. '6								
NAME OF COMMITTEE (As reported on Page 1; Line, 1)	ر سورسورية أ	A STATE OF S	1		TYPE O	F REPORT					
Labor United for Connecticut Termination Report for Independent Expenditure Political Action Committees The Steedard - Orders											
D. In-l	Kind Co	ntributions				1					
Name		•									
Street Address		City .		Stat	•	Zip Coda					
Type of Contributor: Individual / Sole Proprietorably Committee Date Received Aggregate Receipts Other Affiliated Business Entity Affiliated Organization											
Is Contributor a lobbyist, apouse, or Yes to contributor a state contractor, prespective state contractor or principal thereof? Yes Fair Market Value of this dependent child of a lobbyist? No If yes, Indicate which branch or branches of government the contract is wift. Executive Legislative											
Is this contribution associated with an Yes . Description of In-Kind Contribution event reported in Section F? No											
If yes, list Eventif											
The second secon	 		T	otal of Secti	on D						
i.	Receip	ts (Sections A - E				;					
NAME OF COMMITTEE		•	· ·	TYPE OF	REPORT						
Labor United for Connecticut				Termination Political Acti Original	Report for on Commit	Independent Expenditure itees (Non Standard) -					
E. Refundable De	posit to	Telephone Company				:					
Last Name of Individual		First Name		МІ	Dute I	Ocposit Made					
Residential Street Address	G	ty	State	Zip Code		Amount of Deposit					
Name of Telephone company											
Street Address	City		State	Zip Code							
property of the second			, ,	- 25	:	• • •					

O. C.	in a single sing	II. EVENTACIOVITY (Sections F).								
NAME OF COM		one of Page Line ()	Tree of	REPORT						
Labor United for Connecticut Termination Report for Independent Expanditure Political Action Committees (Non Standard) -										
	R Event information									
Byent # Dete of Byent	Letter	Description		Was this a fu	ndraining event?					
Location: Street Addr			City	State	Zip Code					

the first of the second	, Alle	XPENDUTURES	S. (Secti	ions G - D		*	*	The second second
NAME OF COMMITTEE (As reported	on Page 1, Line	3)	<u></u>			TYPE OF	REPORT	
Labor United for Connecticut						Termination i	Report for Independer	t Expenditure Political Act
	, <u>, , , , , , , , , , , , , , , , , , </u>	G. Expenses	Paid By	Committee				
Name of Payes TD Bank					Date of Paye 11/01/20		Method of Paym Check	,
Street Address 333 N Main St .			City West H	artford		-	State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section Orangicto Section G. Addendum Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee Brent #								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought Opposed								
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum							with Referendum?	Amount \$15.00
is this expenditure payment for an expense proviously reported as an expense incurred in Section I	If yes, what is the e	-	Section I	enditure Number		Final or Full P	•	
Name of Payes TD Bank				· · · · · · · · · · · · · · · · · · ·	Date of Pays 11/23/20		Method of Payer Check Debit C	•
Street Address 333 N Main St .			City West H	lartford			State	Zip Code 06117
If an Independent Expenditure, is it on behalf of more candidate? If yes, on Yes X No G. Adden	mplete Section	Description (only comp Complete Section G. Ad Bank Fee		endent Expenditu	re has ONE Ex	pendikure Code - if m	ore than one,	Event#
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought Opp								
expenditure code? If yes, complete if Independent Expenditure has ONE Expenditure Section Number Code) BNK							Amotiest \$30.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	expanditure number doubly insurred?	Expo Section I	enditure Number n Num		Final or Full P		

	III. E	APENDITURES	S (Secti	lons GD	 	· .	······································		
NAME OF COMMITTEE (As reported				6		TYPE OF	REPORT	, , , , , , , , , , , , , , , , , , ,	
Labor United for Connecticut		<u></u>						nt Expenditure Political Act	
G. Expenses Pald By Committee									
Name of Payee TD Bank					Date of Psys 11/30/20		Method of Payar Check	#	
Street Address 333 N Main St .			City West H	artford	· · · · · · · · · · · · · · · · · · ·		State	Zip Code 06117	
If an Independent Expenditure, is it on bahalf of more than one candidate? If yes, complete Section If yes, complete Section O. Addendum Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee Bank Fee									
Name of Candidate (only complete if Independent Expanditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought Opposed									
Does Expenditure have gave than one expenditure code? If yes, complete Section G. Addendum Yes No		Yes					with Referendum?	Amerust \$2.00	
is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	-	Expe Section	n Number		Final or Full P			
Name of Payes Connecticut Healthcare District 1199					Date of Pays 12/05/20		Method of Payer Check Debit	# 1011	
Street Address 77 Huyshope Ave			City Hartfor	rd	_		State CT	Zip Code 06106	
if an Independent Expenditure, is it on behalf of more candidate? If yes, cor G. Adden	mplete Section	Description (only complete Section G. Ad Refund of contribu	ddendum)	endent Expenditu	tre bas ONE Ex	penditure Code – if m	ore than one,	Event#	
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	rs than one, (Complete Section	n G.Addendum)		Office Sought	Supported Opposed	
Does Expenditure have gave than one expenditure code? IF yes, complete Section G. Addendum		liture (by code) (only comp enditure has ONE Bependi	-	Expenditure Section G	Number Number	Associated v	with Referendum?	Amount \$22,090.75	

	III.E	KPENDITURES	S (Secti	ons G - D					
NAME OF COMMITTEE (As reported	on Page 1; Line	1)-				TYPE OF	REPORT		
Labor United for Connecticut				•		Termination f	Report for Independent	t Expenditure Political Act	
G, Expenses Paid By Committee									
Name of Payer UAW Education Fund					Date of Payms 12/06/201		Method of Payme	1012	
Street Address 800 E Jefferson		•	City Detroit				State	Zip Code 48214	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section Obscription (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of contribution									
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought Opposed									
Does Expenditure have more than one expenditure code? If yes, complete Sention G. Addendum Yes X No		G						Amount \$16,568.06	
Is this expenditure payment for an expense praviously reported as an expense incurred in Section I	If yea, what is the o	-	Expe Section	a Number	ber ·	Final or Full P			
Name of Payes SEIU Local 32BJ PAC					Date of Payor 12/05/201		Method of Payme K Check i	1013	
Street Address 196 Trumbuil	-	•	City Hartfor	rd	-		State CT	Zip Code 06103	
If an Independent Expenditure, is it on behalf of more condidate? If yes, cor Yes X No G. Adden	nplets Section	Description (only comp Complete Section G. A. Refund of contribu	ddendum)	endent Expenditu	re has CNE Exp	mditure Code - if m	ore than one,	Eveni #	
Name of Candidate (only complete if Independent Ba	penditure is on behalf	of ONE candidate - if mor	re than one, (Complete Section	G.Addendum)		Office Sought	Supported Opposed	
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum		liture (by code) (only comp radiume has ONE Expendi		Expenditure Section G	Number Number	Associated v	with Referendum?	Amount \$16,568.06	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	•	Expo Section	enditure Number	ber	Final or Full P			

Springer and the springer of t	707 10	XPENDITURES	o Agent	C D						
NAME OF COMMITTEE (As reported			27 (DECH	(Obs 22 - 91		The state of				
	on:Page 1, Line	1)	<u> </u>	<u> </u>					بريان <u>.</u> حادود	
Labor United for Connecticut		G. Expenses	Deld De				·	ort for thes	pendent a	xpenditure Political Act
<u> </u>		G. Expenses	Patt Dy	Chumine	<u> </u>	<u>. *</u>	يدتن	T		
Name of Payee SEIU CT State Council					Date of Pays 12/06/20			Method o	of Payment Check # Debit Card	1015
Street Address			City		<u></u>		-	State	Deok Care	Zip Cede
77 Capitol Ave			Hartfor	rd				СТ		06106
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Description (only complete if independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution								Event#		
Name of Cardidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought Opposed										
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addandum		Purpose of Expanditure (by code) (only complete Expanditure Number Associated with R If Independent Expanditure has ONE Expanditure Section Number Code)					Referenduz		Amount \$16,568.06	
Yes X No	REF	REF G L Yes						ت:	1140	
Is this expenditure payment for an expense proviously reported as an expense incurred in Scotlen I	If yes, what is the co	expanditure aumber vioualy incurred?	Expe Section I	na Number		Final or Full Partial with	•			
Name of Payes Congress of Connecticut Community C	:olleges				Date of Pays 12/06/20			1	of Payment - Check # Debit Card	1016 1
Street Address 907 Wethersfield Ave .			City Hartfor	rd				State		Zip Code 06114
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Addens	mplete Section	Description (only compl Complete Section G. Ad Refund of Contribe	ddendum)	endent Expendito	re has ONE Ex	rpenditure Code - if	more d	han one,		Event #
Name of Candidata (only complete if independent Ex	senditure is on behalf	of ONE candidate - if mor	re than one, (Complete Section	ı G.Addendum)) 	O	office Sought	t .	Supported Opposed
expenditure code? IF yes, complete if Independent Expenditure has ONE Expenditure Section G. Addreadum Code) Yes X No						Amount \$11,045.37				
Yes X No REF G Yes X No X Yes X No Xes Xe										

E 2	THE EX	KPĖNDITĖŪRES	S. (Secti	ons G - J	<i>y</i>	 		
NAME OF COMMITTEE (As reported		~			ر. دافسو فه سود	TYPE OF	REPORT	1
Labor United for Connecticut				- · · · 				t Expenditure Political Act
Labor Office for Connecticut		G. Expenses	Paid By	Committe	e .			- 94
Name of Payer CSEA					Date of Pays 12/06/20	ngat	Method of Paym	¥ 1017
Street Address 760 Capitol Ave			City Hartfor	d			State CT	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Life yes, complete Section Yes X No G. Addandum Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addandum) Refund of Contribution								Event#
Name of Candidate (only complete if Independent Expenditure is on behalf of CNE candidate - if more than one, Camplete Section G.Addendum) Office Sought Opposed								
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum Yes X No							with Referencem?	Amount \$11,045.37
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	expenditure number riously incurred?	Bapa Section I	anditure Numbe	er nmber	Final or Puli P		
Name of Payes CEUI					Date of Pays 12/06/20		Method of Paym R Check Debit C	# 1018
Street Address 110 Randolf Rd			City Middlet	town	•		State	Zip Code 06457
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Adden	nplete Section	Description (only comp Complete Section G. A Refund of Contrib	ddendum) ¯	endent Expendi	ture has ONE Ex	penditure Code - if m	tore than one,	Event #
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mo	re than one, (Complete Secti	on G.Addendum	•	Office Bought	Supported Opposed
expenditure code? IF yes, complete if Independent Expenditure has ONE Expenditure Section Number						Amoust \$5,522.69		
Is this expenditure payment for an expense proviously reported as an expense incurred in Scotion I	If yes, what is the o	expanditure number	Rap Section	anditure Numb	amper st	Final or Full I		

£.77	III. E	XPENDEEURES	Secti	ops G - J	1			THE RESERVE
NAME OF COMMITTEE (As reported	on Page 1, Line	1)	<u>.</u>			TYPE O	REPORT	ند
Labor United for Connecticut						Termination i	Report for Independer	nt Expenditure Political Act
	2	G. Expenses	Paid By	Committe	e <u></u>			
Name of Payer Connecticut State University AAUP					Date of Payer 12/06/20:		Method of Paym	1019
Street Address Marcus White 316		<u>.</u>	City New Br	itain			State CT	Zip Cods 06050
If an Independent Expenditure, is it on behalf of more than one candidate? Description (only complete if independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution								Event#
Name of Candidate (only complete if Independent Ex	enditure is on behalf	of ONE candidate - if mor	re than one, (Complete Section	a G.Addendum)		Office Sought	Supported Oppased
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum		6					with Referendum?	Amount \$5,522.69
Is this expenditure payment for an expense proviously reported as an expense incurred in Section I Yes X No	Barbenditure Number Final or Pull Payment If yes, what is the expenditure number of the expense proviously incurred? If yes, what is the expense proviously incurred? If yes, what is the expense proviously incurred?							
Name of Payes SEIU					Date of Pays 12/06/20		Method of Paym	# 1026
Street Address 1800 Massachusetts Ave NW			City Washin	ngton			State DC	Zip Code 20036
If an Independent Expenditure, is it on behalf of more candidate? If yes, on: No G. Adden	mplete Section	Description (only complete Section G. Ad Refund of Contribu	ddendum)	endent Expendit	are has ONE Ex	penditure Code - if m	ore than one,	Event#
Name of Candidate (only complete if Independent Br	penditure is on behalf	f of ONE candidate - if mon	re than one, (Complete Section	n G.Addendum)	•	Office Sought	Supported Opposed
Dues Expenditure have more than one expenditure code? If yes, complete Section G. Addendium		diture (by code) (only comp conditure has ONE Expendi		Expenditor Section G	e Number Number	Associated Yes	with Referendum?	Amount \$3,352.99
Is this expenditure payment for an expense- previously reported as an expense incurred in Section I	If yes, what is the e		Exp Section 1	enditure Number	mber	Final or Full P		

							rage 12 of 18
a.	CKENDUURES	Section	na G - D		a.		
NAME OF COMMITTEE (As reported on Page 1, Li	ne 1)				TYPE OF	REPORT_	
Labor United for Connecticut					Termination F	Report for Independent	Expenditure Political Act
The state of the s	G.,Expenses,l	Paid By	Committee	<u> </u>		i,	T. A. S.
Name of Payee CPFU PAC				Date of Pays 12/06/20		Method of Payme	1021
Street Address		City		-		State	Zip Code
50 Columbus Blvd		Hartford	1			ст	06106
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Description (only complete Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution							
Name of Candidats (only complete if Independent Expenditure is on beb	alf of ONE candidaté – il more	: than one, C	Simplete Section	G.Addendum)		Office Snught	Supported Opposed
	saditure (by code) (only compl xpenditure has ONE Expendit		Expenditure Section G	Number Number	Associated v	vith Raferendum?	Amount \$1,104.54
	e expenditure number reviously insurred?	Exper Section I	nditure Number Num	ber	Pinal or Full P		
		,	e .	1	Total of Section	ı Gı	\$109,435.58

	m: E	arendurur	es (së	čtions G - J)`			ž-	
NAME OF COMMITTEE (As reported on Page I).	Line I)	3	•			Type of	REPOR	Ų.	
Labor United for Connecticut					· <u>-</u>	Termination Repo			
E.E	penses l	Incurred on Con	mittee	Credit Card					
Name of Issuing Institution Type of Credit Card:									
				Visa Other	Master Card	Discover	Am	erican R apress	
Name of Vendor, Person or Builty							Date	of Transaction	
Street Address City							State	-	Zip Code
If an Independent Expanditure, is it on behalf of more then one candidate? If yes, complete Yes No Section H. Addendum		scription (only complete is see than one, Complete Se			a ONB Rependiture	Code - if		Byent #	
Numa of Candidate (unly complete if Independent Expenditure is if more than one, Complete Scotlan H. Addendam)	n behalf of (ONE carifficate -		Office	Sought.			Supp	exted
·								Оррс	sed
Doss Expenditure have more than one supenditure code? If yes, complete Purpose of Eig	aditire	Expenditor	Number		Associated with	h Referendam?			Amount
Section H. Addendum (by code)		Section.	M	mber					
Yes No		н	•		Ye	6 	No		
and the second s		,	7.7	Maria San Ja		Total of Section 1	1		

	THEEXPEND	MURES (Se	tions GI)			*	
NAMB OF COMMITTEE (A) imported on Page 1	i Line ();		ا بوغر الموسال المع		TVPB OF	REPORT	
Labor United for Connecticut							pendent Expenditure (Non Standard) -
I Expenses	Incurred By Comm	dice but Not P	aid During this I	Pêrlôd			
Name of Creditor						Date Incorred	•
Street Address			≱ov		_	State	Zip Code
. If an Independent Rependiture, is it on behalf of more than one candidate? If yes, compl Yes No Section I. Ad		Description					Event#
Name of Candidate (only complete if Independent Expenditure i Section I. Addendum)	s on behalf of ONE candidate -	if more than one, Cor	mplete	Office Sc	ught		Supported Oppnsed
Does Expanditure have more than one expanditure code? IF yes, complete Section I. Addandum. Yes No	Purpose of Expenditure (by code)	Section 1	itus Number Number	Associa	sted with Referen	ndum? No	Amount
	and the same of the same		See 1	Total of S	etion i		

	III. EXPENI	DITURES (S	ection	n G - J)				·.	
NAME OF COMMITTEE (As reported on Page	a l, Line l).					TYP	e of report		-
Labor United for Connecticut Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original									
J. Itemization	of Reimbursements	and Secondar	Paye	es			·	,	
Last Name of Worker/Consultant First MI Date of Pa			Date of Payment to V	of Payment to Vandor, Person or Entity					
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Check #					nt as reported in Section G Debit Card EFT				
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City						State	Zip Code		
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum						Event#			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum .					•		Supported Opposed		
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum Yes No.	Purpose of Expenditure (by code)	Expendit Section	Expenditure Number Section Number			Associated with Referendum? Yes N		•	Amount
						T	otal of Section J		
IV. DISCLO	SURE IN COMMU	NICATION	S (Se	ctions K -	L)				
NAME OF COMMITTEE (As reported on Page	e l. Line l)		· .		n 		TYPE OF REF	PORT	· a
Labor United for Connecticut				·			mination Report for litteal Action Commit	•	•
K. Five L	argest Contributions		ommu	nication	** **** ***	s	4	· · · · · · · · · · · · · · · · · · ·	
Source of Contribution - Name of Person Making Contribution	<u> </u>							Expendit Section	re Number Number
Address of Person Making Contribution - City		·						State	Zip Code
Source of Contribution - Name of Individual who Signed Che	ck or Authorized Contribution								Amount

IV. DISCLOSURE IN COMM	UNICA	ATIONS (Sections K	-L)		2 A	**		
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TY	TYPE OF REPORT			
Labor United for Connecticut			· ·		on Report for Ind are Political Actio			
L "Nesting Dolls" Provision for	Tóp 5 C	Contributions Disclosed	in Communication	. 9				
Name of Person Receiving Covered Transfer as Reported in Section K					Expenditure N	'umber		
					Section	Number		
Name of Pesson Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer - City (1f known)					State	Zip Code		
Section G. ADDE				- a				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF RE	PORT'	Ī	<i>" .</i>		
G. Expenses Paid By	Commi	ittee - Addendum "		٠,		6 · ·		
Expenditure Number as reported in Section G		Total A	mount of the Expend	liture				
G								
Description.				Rxpendi	iture Code			
Name of Candidate	Office So	ught (if applicable)	Supported	Amoust	t Allocated	-		

18
4
c\$
4
5
ér.
딏
þ

Marine San	Section H. ADDENDUM							
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT						
·								
H. Expenses Incurr	ed on Committee Credit Card - Adde	adum						
Expenditure Number as reported in Section H	Total Ar	nount of Expend	liture					
н .		·						
Description		Expenditure Code						
Name of Candidate	Office Sought (if applicable) Supported Amour		Amount Allocated					
		Opposed						
5. Se	tion I. ADDENDUM		<u>.</u>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)	P	T	YPE OF REPORT					
			· <u>·····</u>					
L Expenses incurred by Co	mmittee but Not Paid During this Pe	riod:- Addendun	1					
Expenditure Number as reported in Section I Total Amount of the Expenditure								
T								
Description			Expenditure Code					
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated					

Section J. A	DDENDUM	•					
NAME OF COMMITTEE (Asseponed on Page 1: Line 1)			TYPE OF	RRPORT			
J. Įtemisation of Reimbursem	ents and Secondary	Payees - Adde	odum:				
Expenditure Number as reported in Section J	Tot	Total Amount of the Expenditure					
1	<u> </u>						
Description		-	Expanditure Code				
	•						
Name of Cardidate	Office Sought (if applicable	e)	Supported	Amount Allocated			
			Opposed				

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rovised May 2016



Electronic Filing

Do Not Mark in This Stares Per Official Use Only

Page 1 of 14

COVER PAGE

	<u> </u>	عدر الخورة		المالدول المناسب	Sal martin	C. Mark Trans.		
LINAME OF CONMITTEE SELECTION OF THE SEL	C. C.	TEN CAN	\$3.4 3 .86.36.136.1	ur solitor en	2 BLECTION	VREFERENDUM DATE		
Labor United for Connecticut								
J. TREASURER NAME: A SUPER & 44 TO 10 TO 1					THE REAL PROPERTY.			
First		м	Last			Suffix		
Paul			Filson			ŀ		
ATREASURER ADDRESS A TO THE TOTAL TOTAL	0.25 ° 0		CAN IN	374.70	MATTER TO	Programmes and the second		
Street Address	City				State	Zip Code		
20 Beverly Rd	West	Hartford			СТ	06119		
STORE OF STORE OF LAND AND A STORE OF S	Share and	1 30	The state of the s			公司 在1000年7月12日		
24 Hour Independent Expenditure General Election 3 - Original								
CPERIOD COVERED LESS TO STATE	1	1 18 1				Z. P.		
Beginning Date			Ending Date					
					•	•		
10/15/2016		thru	10/20/2016					
	400000000000000000000000000000000000000	the water on Appella		der Salam Strander vor der	and a substitution of the formatte			
/ CERTIFICATION	4			a. Fe				
·			•					
I hereby certify and state, under penalties of fals								
Itemized Campaign Finance Disclosure State complete, and further	ement fo	or the period	covered is true,	accurate and				
that any expenditures and obligations disclosed w	vere mad	de Independ	ent of any other l	individual, pol	itical			
committee, party committee, or candidate comm	ittee, or	agent there	of.		•			
					•			
Electronic Filing	Pat	ul Filson			10/21/20	16 11:41:51AM		
TREASURER OR DEPUTY TREASURER (SIGNATURE	PRI	NT NAME O	Signer		DATE CERT	IFIED (mm/dd/yyyy)		
l ar "Talkan" vasti. Nai koma armaka shakkarisharakashaki damaka takin kunta an Daniki sa Pana at da		Liberton - Ada		2000 C	LOUIS CAME TO	Town to make the control of the cont		
LOUIS CONTRACTOR OF THE PARTY O	1	Market.	运用器处定	THE LONG	年、那、赤、江			
A Person who is found to have knowingly and willful	ily violat	ed any provi	sions of the camp	ıalgn finance :	statutes faces a civ	л		
penalty or imprisonment or both.								
								

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	1 TYPE OF REPORT	-
Labor United for Connecticut	24 Hour Independent Expenditure Ge Original	oral Election 3
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$133,224.04	
10. Monetary Receipts (Section A and B)	\$0.00	\$162,000.00
11. Loans (Section C)	\$0,00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$162,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$133,224.04	\$182,000.00
14. Exponses Paid by Committee (Section G)	\$6,686.50	\$55,462.46
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$126,537.54	\$126,537.54
16: In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	e
. 18a, + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Psyments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	المشارة المالية
19. Expenses Incurred on Committee Credit Card (Section H)	\$0,00	<u>\$</u> 0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Ungaid (Section I)	\$0.00	

and design the second	3	i. RECEIP	TS (S	ection A-F)""		e h =		1 - 1
NAME OF COMMITTEE (As reports	d on Pag	e l. Ling.l)				74 TYE	OF REPORT		
A. Total Contributions from .	Small I	ndividual Cantributar	e-Rec	elved this	Period OR	<u> </u>	· , v ,		_8
(See instructions for definition of Small Ind			9-160c			tal Section A	V.	' *	
The season manages and despressions of amount the		B. Itemized Moneta	ry Re	eipts	3 ·				
Name									
Street Address		<u></u>		City				State	Zip Code
Principal Occupation (if applicable)					Name of Em	ployer (if applicable)	,	<u> </u>	
· · · · · ·									
Source Type:: Individual/Sols Proprieto	rship	Committee	Ot	ner Type of	Receipt :	Contribution	Rein	bursement fo	r Shared Expense
Bank Affiliated Busines	ss Entity	Affiliated Organization	a		k Interest cellaneous	Surplus Distribu	tion Conf	ribution from	Affiliated Treasury
of this receipt associated with an systematic reported in Section F?	Yes	Method of Receipt	Cash	Check	:	BFT		Aggrega	te Receipts
Lyca, list Event #	No	Credit/Debit Card		Payroll Deduction	1	Money Order			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes Na	Is contributor a state contractor, pr If yes, indicate which branch or bra government the contract is with:	-		r principal there Executive	of? Legislative	Yes	No	Amount Received
Pescription (if applicable)						Date R	eceived		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second second second		ا روسه و ا	φ.,		Total of Sect	lon B	te e
	TOT	AL OF ALL RECEIPTS	i (Se	ctions A & B	7010) يم	of Su	mmary Page)		٠
		I. RECEIPTS	(Sec	tion A-E)	المراجعة ا				
NAME OF COMMITTEE (As reported	i on Page	1, Line 1)	i i	7		ТУРЕ	OF REPORT		
Labor United for Connecticut						24 Hour Original	Independent Exp	enditure Ge	neral Election 3 -
t 42 neg		C. Loans Received the	nis Per	riod "	, w. 7	رايو ^{ا أو} ام ال	4,	4	
Name of Lender				Source of Loan:				Date	f Receipt
·			ļ	Bank	Individus)	Comm	ittee Other		
Street Address			City			State	Zip Code		e a cosigner or ntor of this loan?
New of Continue Conti				······································				-	Yes No
Name of Cosigner/Guaranter (if applicable)									amount Received
Street Address			City			State	Zip Code		
		t page sta	# y ·				*Total of See		

I. REC	CEH	TS (Sections A-E)	· .				_
NAMB OF COMMITTRE (As reported on Page 1, Line 1)	., : :	4			' TYPE	OF REPO	RT .
Labor United for Connecticut	·				4 Hour Indep Jection 3 - O		enditure General
D. In-Kir	d Co	ntributions		اب ن	_		
Name			-				-
		Low					
Street Address		(Citý	_		State		Zip Code
Type of Contributor: Individual / Sole Proprietorship Committee Data Received Aggregate Receipts Other Affiliated Business Entity Affiliated Organization							-
Is Contributor a lobbyist, spouse, or Yes Is contributor a state contributor a dependent child of a lobbyist? No If yes, indicate which brane government the contract is	th or bre	pspecilve state contractor or principal thereof? suchas of Executive	Legislative		Yes No		larket Value of this Contribution
Is this contribution associated with an Yes Description of In-Kind Contribution event reported in Scotton F? No							
If yes, list Event#							
				Cotal of	Section D		
LR	eceip	ts (Sections A - E	<u></u>			·	
NAME OF COMMITTEE	•	1	• •	TYPE	OF REPO	RT ²³ i	
Labor United for Connecticut					r Independer 3 - Original		re General
(* E. Réfundable Depo	alt to	Telephone Company	0 .1	· .			
Last Name of Individual		Pirst Name		мп	Da	te Deposit Ma	de
Residential Street Address	c	ity	State	Zip C	ode		Amount of Deposit
Name of Telephone company			•				
Street Address	City		State	Zip (Code		
				Total	of Section 1		· · · · · · · · · · · · · · · · · · ·

II. EVENT ACTIVITY (Sections F)			r 					
d'on Page 13 Line ()		TYPEOPRI	epokt'	13				
Labor United for Connecticut 24 Hour Independent Expenditure General Election 3 - Original								
F Event Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·	4				
ecriptian			Was this o fine	draining event?				
			Ýċs	Ņo;				
	Clig		Sinte	Zip Cede				
	II. EVENT ACTIVITY (Sections F) on Page (Line)	II. EVENT ACTIVITY (Sections F) on Page (* Lino*) F. Event Information	II. EVENT ACTIVITY (Sections F) On Page (Line 1) 24 Hour Independent of the Control of the Con	II. EVENT ACTIVITY (Sections F) TYPE OF REFORT 24 Hour Independent Expenditur Election 3 - Original Typidan Was this a fun Yes				

The state of the s		7		· 184 -			46	.9 . 14			. 1.00	- 3/3
5 1 1 1	tı.	XEENDETURES	Section 1	ons C	<u>i - D</u>		Ť					,
NAME OF COMMITTEE (As reported	on Page 1, Line	1)-	· • • •		<u>. `</u>		<u>: 4</u>	TYPE OF	REPORT	<u> </u>		
Labor United for Connecticut		Million						24 Hour Indep	endent Exp	enditure G		•
	1	G. Expenses	Paid By	Com	nittee	2 2	<u>.</u>			<u> </u>		Mar 1: 1 may
Name of Payee Red Horse Strategies						Date of Pays 10/20/20			Method X	Check#	1001	
Street Address 55 Washington St			City Brookly	/n		ļ	_		State	.paul Ca	Zip Cod	de
If an Independent Expanditure, is it on behalf of more than one candidate? If yes, complete Section X Yes No G. Addendum Description (only complete Independent Expanditure) Poll					rpenditu	ne has ONE Ex	pendit	tre Code - if mo	re than one,		Byent	,
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	ra than one, (Complete	Section.	G.Addendum))		Office Song	ht		Supported Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum Yes X No		if Independent Expenditure has ONE Expenditure Section Number Code) G 226660 Ye					Associated w	vith Referendam?		Acion	s6,646.50	
is this expenditure payment for an expense previously reported as an expense incurred in Section I	. If yes, what is the e	• • •	Expo Section I	enditure l	Number Num	iber		Final or Full Pa	•			
Name of Payes TD Bank						Date of Pay 10/20/20			Method	of Payme Check# Debit Co	_	EFT
Street Address 333 N Main St			City West H	iartford	i				State		Zip Co 0611	
If an Independent Expenditure, is it on behalf of more candidate? If yes, co. Yes No G. Adden	mplete Seution	Description (only compl Complete Section G. Ad Bank Fee		endent E	xpenditu	re has ONE Ex	cpendi t	are Code - if ma	re than one,		Event #	
Name of Candidate (only complete if Independent Ba	penditure is on behalt	f of ONE candidate - if mos	re than coe,	Complete	s Section	e G.Addendum)		Office Soug)ht		Supported Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum		diture (by code) (only comp enditure has ONE Expendi		Exp Section G		Number Number		Associated w	rith Reference	m?]No	, Amou	\$25.00
Is this expanditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the o	expenditure number_ viously incurred?	Exp Section	enditure	Number Num		<u> </u>	Pinal or Puli Pa				

								Page 7 of 14
	T. H.E.	EPENDITURES	Sect.	ons G - A	<u> </u>	4 A *	ys.	
NAME OF COMMITTEE (As reported	on Page 1; Line	1).	a '			TYPE OF	REPORT	
Labor United for Connecticut						24 Hour Inde	pendent Expenditure G	eneral Election 3 - Origin
4.	, i b	G. Expenses	Paid By	Committee	611			12 At 16 At
Name of Payes TD Bank					Date of Payment 10/20/2010		Method of Paymer Check # Debit Ca	
Street Address		- · · · ·	City				State	Zip Cods
333 N Main St .			West H	artford			ст	06117
If an Independent Expenditure, is it on behalf of more it candidate? If yes, comp Yes No G. Addenda	plete Section	Description (only complete Section G. Ad Bank Fee		endent Expenditur	e has ONE Exper	aditure Code - if no	ere than one,	Event #
Name of Candidate (only complete if Independent Expe	enditure is on behalf	of ONE candidate - if mor	e than oge, (Complete Section	G.Addendum)		Office Sought	Supported Opposed
expenditure code? IF yes, complete		iture (by code) (only comp anditure has ONE Expendi		Expenditure Section G	Number Number	Associated w	vith Referendum?	Amount \$15.00
1	If yes, what is the or of the expense previ	•	Ehspe Section I	nditure Number	[Final or Full Pa		
	da.		C.1, 12, 12		•	Total of Section	G	\$6,686.50

	Î.Ț. E	XPENDITUR	ĒŞ (Sect	onș G- J	ز ۲ (-	
NAME OF COMMITTEE (As 1000	tell on Page L. Line 1)			5 . 4		TYPE OF R	BPOR		
Labor United for Connecticut			· · · · · · · · · · · · · · · · · ·			24 Hour Independe 3 - Original	ent Exp	enditure Gene	irel Election
	H. Expenses	Incurred on Col	nmittee C	redit Care	å			- de 10	-
Name of Issuing Institution			-	of Credit Card: Visa Other	Master Card	Discover	:Am	ericas Bigress	å
Name of Vendor, Pesson or Entity							Date	of Transaction	i
Street Address				City			State	,	Zip Cods
If an Independent Expenditure, is it on behalf many than one conditions? If yes, con Yes No Section H	I	scription (only complete se than one, Complete Se			as ONE Expenditure	Code - if		Event #	·
Name of Candidate (only complete if Independent of Section H. Addess		ONE candidate -		Office	a Scright			Supp	orted
								Оррс	need
Does Brjiridiure have more than one expenditure code? If yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Rependitor	re Number Numb	161	Associated wi	th Referendum?			Amount
ŸçsNo		н			Y	ics b	₹o		
		1	•		*	Total of Section H			

m, k	xpenditur	ES (Sections G	-9)		14	n.
NAME OF COMMITTEE (As reported on Page 1, Line 1)		a	, 4	TYPE OF	REPORT:	
Labor United for Connecticut				24 Hour Inde Election 3 - 0	pendent Exper Original	diture General
L Expense Incorrect B	y Committee bi	nt Not Paid Dur	ng this Period			
Name of Creditor					Date Incurred	
		Ig.				· -
itreet Address		City			State	Zip Code
if an Independent Expenditure, is it on behalf of more than one condidate? If yes, complete Yes No Section I. Addendum	Denctipi	ion.			<u> </u>	Brent #
Name of Candidate (only complete if Independent Expeciality is on behalf of CIN Section I. Addendum)	E candidate - if more th	an one, Complete	Office Sc	rught	T	Supported
·						Opposed
Oces Expenditure have more than one expenditure Purpose of code? IF yes, complete Section I. Addendum (by code)	-	Expanditure Number	Associ	ated with Referen	dum?	Amount
Yes No		τ		Yes	No	

	IIL EXPEN	DIT	TURES (Se	ctlor	is G - J)	•		·.	-	
NAME OF COMMITTEE (As reported on Page	e 1, Line 1)			s, ·			TYP	B OF REPORT		
Labor United for Connecticut		•					24 He Origin	our Independent Exp net	enditure G	eneral Election 3 -
J. Itemization	of Reimbursements	and	Secondary	Paye	CS.		-	, A.	• .	•
Last Name of Worker/Committant		Pi	irat			MI Date of Psyment to Vandar, Person or Entity				
Name of Vendor, Person or Barity Paid by Committee Works	er/Consultant				Payment to l	Reimburse C		L ce Warker/Consultant s	us reparted i	
Street Address of Vendor, Person or Entity Paid by Committe	e Worker/Consultant			City					State	Zip Cods
If yes, oor	If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum							Breat #		
Name of Candidate (only complete if Independent Expenditu Complete Section I. Addundum.	re is on behalf of CNE candidal	to - if s	môre than eas,			Office	a Sough	at.		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, campiete Section I. Addendum	Purpose of Expenditure (by code)		Expenditure Section		er Number	Associa	Associated with Referendum? Yes No			Amount
Yes No	***	<u> </u>	1			<u> </u>	1	otal of Section J		
IV. DISCLO	SURE IN COMMU	UNI	CATIONS	(Se	ctions K	- L)	•			
NAME OF COMMITTEE (As reported on Pag	ge 1, Line 1)		 <u> </u>			/* en e- e	1	TYPE OF REI	PORT	
Labor United for Connecticut								Hour Independent E	xpenditure	General
K. Five L	argest Contributions	Dis	closed in Co	mm	nication					· · · · · · · · · · · · · · · · · · ·
Source of Contribution - Name of Person Making Contribution	ing.								Expendi Section	Number Number
Address of Person Making Contribution - City									State	Zip Code
Source of Contribution - Name of Individual who Signed Che	eck or Authorized Contribution									Amount

IV. DISCLOSURE IN COMMUNICATIONS (Sections & L)			a da
NAME OF COMMIT THE (Astroported on Page 1; Line l)	Ť	vpe oprejo	RT
Labor United for Connecticut	include the control of the control o		
Le "Negting Doils". Provision for Top S Contributions Disclosed in Communication	ř .		
Name of Pesson Receiving Covered Transfer as Reported in Section K		Bapendibure Nu Section	umber Number
IV. DISCLOSURE IN COMMUNICATIONS (Sections KL.) IMPROPREE By Hour Independent Expendent Expendent for Connecticut Line () Line () Line () Line () M Hour Independent Expendent Ex			

	Section G. ADDE	NDUM	,	:	, 3		the state of the s
NAME OF COMMITTEE (As n	sported on Page 1, Line 1)	 		TYPE OF REPORT 24 Hour Independent Expenditure General Election 3 - Original Total Amount of the Expenditure \$6,646.50 Expenditure Code POLLS Expenditure Code POLLS			
Labor United for Connection	eut	Section G. ADDENDUM ad on Page 1, Line 1) G. Expenses Paid By Committee - Addendum ed in Section G 226660 Office Sought (if applicable) State Representative Office Sought (if applicable) State Representative Opposed Office Sought (if applicable) State Representative Opposed Office Sought (if applicable) State Representative Opposed		dent Expenditure Gene	rai Election 3 -		
	· • .	Comm	ittee - Addendum	•		- C ₆	
Expenditure Number as rej Ġ			Total A	Linoun			•
Description Pol!							
Name of Candidate Saud Anwar				× □		Amount Allocated	\$761.36
Description Poll							,
Name of Candidate Elizatieth "Betty" A Boukus		ŀ				Amount Allocated	\$761.36
Description Poli							
Name of Candidate Christine Conley		l				Azzount Allocated	\$761.36
Description Poll		·		•			
Name of Candidate Susan C Eastwood		l	•	\square	_	Amount Allocated	\$761.36
Description ·						·	
Name of Candidate		1	ought (if applicable)	×	Supported	Amount Allocated	¢761 36

			7 ago 13 of 14
Description			Expenditure Code
Poll			POLLS
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated
Sean P Ronan	State Representative	Opposed	\$761.36
Description			Expenditure Code
Poli			POLLS
<u> </u>	<u> </u>		<u>.</u>
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated
Tim Curtis	State Representative	Opposed	\$761.36
Description			Expenditure Code
Poll ·	•		POLLS
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated
Mae M.E. Flexer	State Senator	Opposed	\$1,316.98
			
	Section H. ADDENDUM	2	
-NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF I	REPORT
	·		
H. Expenses Incurre	ed on Committee Credit Card - A	ddendom	The parties of the court of the state of the
Expenditure Number as reported in Section H		Amount of Expendi	
H			
<u> </u>			
Description		Expenditure Code	-
Name of Candidate	Office Sought (if applicable)	Supported	Amoust Allocated

S	ection I. ADDENDUM		H. S. C.
NAME OF COMMITTEE (As reported on Page 1, Line 1)	A Alexander		YPE OF REPORT
I. Expenses Incurred by C	ommittee but Not Paid During thi		m
Expenditure Number as reported in Section I	Tots	d Amount of the Ex	penditure
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated
	DDENDUM	<u></u>	-
NAME OF COMMITTEE (As reported on Page 1, Line 1)	and the second of the second o	TYPE O	F REPORT
J. Itemzation of Reimburseme	nts and Secondary Payees - Adder	ndum	
Expenditure Number as reported in Section J	Tota	al Amount of the Ex	penditure
Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016



Electronic Filing

Do Not Mark in This Speen For Official Use Only

Page 1 of 11

COVER PAGE

		V EDIC I	AGE					
NAME OF COMMITTEE	- r _e	•		. , :	*:	2. ELECTION	REFERENT	NIM DATE
Labor United for Connecticut								
TREASURER NAME	<u>.</u> \$1.724 []	·		**********		•••	-	
Pirst	· · ·		T			- 4 -	1	<u>- 1. 2 </u>
Paul		MI	Last				Suffix	
			filson					_
A. TREASURER ADDRESS		····		. agent		1	-	براد سی یا به
Street Address	City				State		Zip Code	
20 Beverly Rd	West	Hartford			ст		06119	
		· · · · ·		2 - ·- ·	+ ,.			
STYPE OF REPORT	- 6	£		<u>.</u>		<u></u>		<u>.</u>
24 Hour Independent Expenditure General Electi	lon 2 - Origina	ıf						
		-						
EFERIOD COVERED		· .		20- to 1	رود مدر			
Beginning Dat	ia .		Ending Date					
•								
10/14/201	.6	thru	10/14/201	6				

CERTIFICATION		-	7		Tare - wald			
I hereby certify and state under penalties								
Titeleby celtify and state, under pendides								
Itemized Campaign Finance Disclosure	Statement for	r the perio	od covered is t	ue, accurate a	ind			
complete, and further that any expenditures and obligations disci	aced were mad	e indesen	dent of any oth	er individual	oolitical			
committee, party committee, or candidate			-	iei iliqiviquai,	political			
	,,							
·								
Electronic Filing	Pau	l Filson				10/17/201	6 5:10:1	5PM
TREASURER OR DEPUTY TREASURER (SIGNATURE	PRIN	IT NAMB (of signer			DATE CERTI	FIBD (mm/å	фууу <u>у</u> у)
				<u>.</u>				
	ب فق مع فقد ،	41.	1					# 6" EU
								<u></u>
A Person who is found to have knowingly and penalty or imprisonment or both.	willfully violate	d any pro	visions of the c	ampaign finan	ce statute	s faces a civi		
benets or impresonment or purit								

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAMB OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure Ger Original	eral Election 2 -
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on band at the beginning of Reporting Period	\$103,224.04	
10. Monetary Receipts (Section A and B)	\$30,000.00	\$162,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$30,080.00	\$162,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$133,224.04	\$182,000.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$48,775.96
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$133,224.04	\$133,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18s. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0,00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	1
19. Expenses Incurred on Committee Credit Card (Section H)	00.00	\$0.00
20: Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	San and San The Comment of the San San San San San San San San San San San San San
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

									
A1	L RECEIP	TS (Sect	on A-E)	<u>'</u>	-			. :	-
NAME OF COMMITTEE (As reported on Page	al.Linel)			·		TYPEO			
Labor United for Connecticut						24 Hour II	depende	nt Expendi	iure General Election 2
A. Total Contributions from Small L		-Receive	d this P		NLY total Section	A .		•	\$0.00
v	B. Itemized Monetar	y Receipt	8				•	-	•
1			••		•				· · · · · · · · · · · · · · · · · · ·
Name UAW Education Fund						_	_		
Street Address 800 E Jefferson City Detroit								Si M	zie Zip Code II 48214
Principal Occupation (If applicable)				Name of E	imployer (if ap	plicable)			
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Cognititee Affiliated Organization	Other		teceipt : Interest	_	ibution Distribution			neat for Shared Expense a from Affiliated Treasury
Is this receipt associated with an	Method of Receipt	Casts	Check		X EF	r		^	ggregate Receipts
cvent reported in Section F? If yes, list Event # X No	Credit/Debit Card	Payrol	l Deduction		Money Order	r			\$30,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	Is contributor a state contractor, pro If yes, indicate which branch or bran	-		principal the	ereof?	_] Yes	X No	Account Received
	government the contrast is with:					Date Recei	und.		
Description (if applicable) Contribution						10/14/2			\$30,000.00
		NE '	99 99 9		* · · ·		Total of	Section B	\$30,000,00
TOTA	AL OF ALL RECEIPTS	(Section	s A & B)	(Ti	ntal on Line I	0 of Summ	uy Page)		\$30,000.00
						-			
The second secon	I. RECEIPTS	(Section	A-E)	٠,			<i>6</i> ,		1.5.9
NAME OF COMMITTEE (As reported on Page	1. Line 1)		; • ,	Pa		TYPE OF	REPOR	T	
Labor United for Connecticut		•		•		: 24 Hour Ind Original	ependent	Expenditu	re General Election 2 -
المراجعة ا	C. Loans Received th	is Period	· · · · · · · · · · · · · · · · · · ·	. 1	•		, ,	•	
Name of Lender		Sou	rce of Loan:	· • • • • • • • • • • • • • • • • • • •			•	ſ	Date of Receipt
			Bank	Individ	ual	Committee	0	ther	
Street Address		City				. State	Zip Code		Is there a cosigner or Guaranter of this loan?
Name of Coaigner/Guarantor (if applicable)			<u> </u>					\dashv	Yes No Amount Received
Street Address		City				State	Zip Code		
	1						Total o	Section (2

LRE	CEIP	TS (Sections A-E)				60 - ph.us.			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		San the second		**		FREPORT -			
Labor United for Connecticut 24 Hour Independent Expenditure General Election 2 - Original									
D. Ia-Kind Contributions									
Name	-								
Street Address		City		s	inte	Zip Code			
Type of Contributor: Individual / Sole Proprietorship Com	mittes	Date Received		Aggregate	Receipts				
Other Affiliated Business Entity Affiliated Organize									
Is Contributor a lobbyist, spouse, or Yes is contributor a state cont dependent child of a lobbyist? No ff yes, indicate which bran		espective state contractor or principal thereof?			Yes No	Fair Market Value of this Contribution			
government the contract is with: Buccutive Legislative									
Is this contribution associated with an Yes Description event reported in Section F? No	of In-Kin	d Contribution				;			
If yes, list Events			_						
	-	<u> </u>	Т	otal of Sec	tion D				
	<u> </u>								
LI	teceip	ots (Sections , A - E	,··	, , ,		•			
NAME OF COMMITTEE	1, ,			TYPE O	F REPORT	Pri nee .			
Labor United for Connecticut					ndependent E - Orlginal	xpenditure General			
E. Refundable Dep		Telephone Company		1					
Last Name of Individual		First Name		MI	Date I	Deposit Made			
Residential Street Address City State Zip Code					·	Amount of Deposit			
Name of Telaphone company									
Street Address City State Zip Code									
	 -		-	Total of	Section R	7 7 - 1 Te 1			

	II. EVEN	T ACTIVITY (Section	s F) .			•	•		
NAME OF COMMITTEE (As report	ed on Page 1, Line	1)					TYPE	OF REPORT	•. •	
Labor United for Connecticut								r Independent Exp 12 - Original	enditure Gen	erai
·		F. Eve	ent Infor	mation			•			•
Bvent # Letter Date of Svent	escription							Was thi	s a fundraising	g event?
Location: Street Address	······································	****	· · · · · · · · · · · · · · · · · · ·		City	_		State	Zip (
						-		I		
		XPENDITURE:	S (Sect	ions G -	v	·				
NAME OF COMMITTEE (As repor	ted on Page 1, Line	: 1)					PE OF R			
Labor United for Connecticut		O M	Dald Da	Commit	•	24 Hou	ır Indeper	ndent Expenditure	General Elec	tion 2 - Origin
	-	G. Expenses	Palu Dy	Сошии	T		:-	 		
Name of Payer					Date of Pay	ment		Method of Paym		
					1			Check (ept
Street Address			City					State	Zip Co	do
			ł							
	ore than one complete Section dendum	Description (only comp Complete Section G. Ad	-	endent Expen	liture has ONE E	spenditure Code	e - if ware	than one,	Event á	ı
Name of Candidate (only complete if Independent	Expenditure is on behalt	f of ONB candidate - if mos	re than one, (Complete Sec	tion G.Addendum)		Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No		diture (by code) (only comp conditure has ONE Expendi		Expendi Section G	bure Number Number	Asso	ciated with	Referendum?	Amou	nt .
Yes No Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the of the expense pre-	expenditure number	Exp.	enditure Num	ber lumber		Full Paym			

Total of Section G

11	I. EXPENDITUR	ES (Sec	tions G -	J)	•				
NAME OF COMMITTEE (As reported on Page 1. Line	t)		_	• .	ŢŶŖĘŎŖĬ	REPOR	T.		
Labor United for Connecticut						24 Hour Independent Expanditure General Election 2 - Original			
H. Expenses Incurred on Committee Credit Card									
Name of Isaning Institution		Tý	e of Credit Care	d;					
			Visa	Master Card	Discover	Am	erican Bapresa		
Name of Vendor, Person or Eakity						Date	of Transaction		
Street Address			City			State		Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Soction H. Addendum	Description (only complete share than one, Complete S			has ONE Expenditure	Code - if		Byent#		
Name of Candidate (only complete if Independent Expenditure is on belt if more than one, Complete Section H. Addendum).	alf of ONB candidate -		Offic	co Sought			. Supp	arted	
<u>· </u>							Оррс	ued	
Does Expenditure have more than one expenditure onde? If yes, complete Purpose of Expenditu	rs Expenditu	re Number		Associated wit	th Referendum?			Amount	
Section H. Addominum (by code)	Section	Nu	mber						
Yes No	н			Y		No		_	
					Total of Section I	,			

III. EXPENDITURES (Sections G - J)								
NAME OF COMMITTEE (As reported on Page	NAME OF COMMITTEE (As reported on Page 1, Line 1)					e of Report		
						independent Expenditure General 2 - Original		
1. Expense	s Incurred By Commit	ttee but Not P	ald During this I	Period	F		•	
Name of Creditor				-		Date Incuste	ď	
*								
Street Address			City			State	Zip Cods	
				·			<u> </u>	
If an Independent Expenditure, is it on behalf of more than	1	Description					Evant #	
Yes No Section I. A				_				
Name of Candidate (only complete if Independent Expenditure Section I. Addentom)	is on behalf of ONE candidate - if	Imore than one, Co	nplete	Office Sou	ght		Supported	
							Opposed	
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum	Purpose of Expenditure (by code)		iture Number	Associat	ed with Referent	um?	Amount	
Yes No		Section	Number	,	řos	No		
				Total of Sci	tlen't	T		

III. EXPENDITURES (Sections G - J)									
NAME OF COMMITTEE (As reported on Pag	e 1, Line 1)					TYP	E OF REPORT		
Labor United for Connecticut						24 Ho Origin	our Independent Exp nai	enditure G	eneral Election 2 -
J. Itemization	of Reimbursements a	ınd Secondary	Paye	es					
Last Name of Worker/Consultant	Leat Name of Worker/Consultant First . MI			Date of Payment to Vendor, Person or Entity			n or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Psyment to Reimburse Co			ommitte	ce Worker/Consultant a	us reported in	Section G			
					Check #			Debit Card	EFT
Street Address of Veador, Person or Entity Paid by Committe	Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City						State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum						Event#			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I, Addendum						Supported			
	r				↓				Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditu Section		er Number	Associated with Referendum? Yes No				Amount
Yes No		J				res r			
						T	otal of Section J		
IV. DISCLO	SURE IN COMMU	NICATIONS	S (Se	ctions K -	L)				
NAME OF COMMITTEE (As reported on Page	ge 1, Line 1)					Ī	TYPE OF RE	PORT	
Labor United for Connecticut							Hour independent E ection 2 - Original	xpenditure	Gerieral
K. Five L	argest Contributions l	Disclosed in C	ommu	inication					
Source of Contribution - Name of Person Making Contribution	טג							Expendit Section	re Number Number
Address of Person Making Contribution - City								Siste	Zip Code
Source of Contribution - Name of Individual who Signed Ch	eck or Authorized Contribution								Amount

IV. DISCLOSURE IN COMM	TUNIC/	ATIONS (Sections K	 (- L)	·			
NAME OF COMMITTEE (As reported on Page 1, Line 1)		· · · · · · · · · · · · · · · · · · ·			T	YPE OF REPO	rt
Labor United for Connecticut		•		· · ·	24 Hour Independent Expenditure 3eneral Election 2 - Original		
L. "Nesting Dolls" Provision for	r Top 5 (Contributions Disclose	d in C	ommunication	 	٠.	
<u> </u>			_				
Name of Person Receiving Covered Transfer as Reported in Section K		,				Expenditure No	umber Number
							1\
Name of Person Making Covered Transfer to Person Reported in Section K							
Address of Person Making Covered Transfer - City (if known)						State	Zip Code
Section G. ADDI	ENDUM						
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF RE	PORT		
G. Expenses Paid By	/ Commi	lttee - Addendum	•	-			
Expenditure Number as reported in Section G		Total A	moun	t of the Expen	diture		
G							
Description					Expend	liture Code	
Name of Candidate	Office So	ught (if applicable)		Supported	Amoun	t Allocated	

Name of Candidate

•					. Page 10 of 11			
	Se	ction H. ADDENDUM						
NAME OF COMMITTEE (As reported on Page 1, Line 1)	•		4	TYPE OF REPORT				
H. Expenses Incur	red	on Committee Credit Card - Adder	dum					
Expenditure Number as reported in Section H		. Total Am	ount o	Expenditure	 .			
н					•			
Description			Ехре	nditure Code				
Name of Candidate		Office Sought (if applicable)		Supported Opposed	Amount Allocated			
			<u>-</u>					
					<u></u>			
So	ecti	on I. ADDENDUM		•	·			
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF	REPORT			
I. Expenses Incurred by C	:om	mittee but Not Pald During this Per	iod - A	ddendum				
Expenditure Number as reported in Section I Total Amount of the Expenditure								

Office Sought (if applicable)

Opposed

	DDENDUM			22.					
NAME OF COMMITTEE (As reported on Page 1, Line 1)	·		TYPE OF REPORT						
	•								
J. Itemization of Reimbursements and Secondary Payees - Addendum									
Expenditure Number as reported in Section J To			Total Amount of the Expenditure						
J									
Description			Expenditure Code						
Name of Candidate	Office Sought (if applicable	e) 	Supported Opposed	Amount Allocated					

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016



Electronic Filing

Do Not Mark in This Seace For Official Use Only

Page 1 of 19

COVER PAGE

		 -			
NAME OF COMMITTEE	-			2	ELECTION/REFERENDUM DATE
Labor United for Connecticut					
. Treasurer name	• .				
Turst		МІ	Last		Suffix
Paul			Filson		
i. TREASURER ADDRESS				•	
Street Address .	City			Zip Code	
20 Beverly Rd	West	Hartford		СТ	06119
TYPE OF REPORT					
24 Hour Independent Expenditure General Election - (Original				
5. PERIOD GOVERED					
Beginning Date			Ending Date		
10/01/2016		thru	10/13/2016		
7: ÉPRTIFIGATION					•
I hereby certify and state, under penalties of fais Itemized Campaign Finance Disclosure State complete, and further that any expenditures and obligations disclosed water committee, party committee, or candidate comm	ement fo	or the period le independ	d covered is true, accurate an ent of any other individual, po	d	
Electronic Filing	Pau	ıl Filson		1	0/14/2016 1: 28:09 PM
IREASURER OR DEPUTY TREASURER (SIGNATURE	PRI	NT NAME O	F SIGNER		ATE CERTIFIED (mm/dd/yyyy)
,					·
A Person who is found to have knowingly and willful penalty or imprisonment or both.	lly violat	ed any prov	islons of the campaign finance	statutes	faces a civil

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure Gode	ral Election - Original
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January I of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$20,000.00	
10. Monetary Receipts (Section A and B)	\$132,000.00	\$132,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$132,000.00	\$132,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$152,000.00	\$152,000.00
14. Expenses Paid by Committee (Section G)	\$48,775.96	\$48,775.96
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$103,224.04	\$103,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	* \$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	· · · · · · · · · · · · · · · · · · ·
202. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

T DE	CEIPTS (Sec	tion A_F					
	CEII 15 (BEC	AUB ATE	<u>'</u>	1		<u>:</u> _	
NAME OF COMMITTEE (As reported on Page 1, Line 1) Labor United for Connecticut			·	TYPE OF R	REPORT Exper	diture Ger	neral Election -
Labor Outled for Connecticut				<u> </u>			
A. Total Contributions from Small Individual Contri	hutore Deceis	red this D	eriod ONI V				
	, pulli 9-ixeceiv	reu tius r	Subtotal Section	ı.A.			\$0.08
(See Instructions for definition of Small Individual Contributor) R. Itemized M.	lonetary Recei	nts	· · · · · · · · · · · · · · · · · · ·		: 		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·.	· <u>·</u>	<u> </u>		· · ·
Name CPFU -PAC	············			·	····		
Street Address		City	11-46-4			State	Zip Code
50 Columbus Blvd			Hartford			ст	06106
Principal Occupation (if applicable)			Name of Employer (if ap	plicable)		•	
		l					
Source Type: Individual/Sole Proprietoratio	Польт	1	sceint: X Cont		п		
Source Type: Individual/Sole Proprietorship Committee Bank Affiliated Business Entity Affiliated On		Type of R		ibution Distribution			hared Expense
L Bank L Annuales Bunky L Annuales Of	ganna-wu		illaneous	Distributu	C CONTROL	TOTI TIOTI V	innacci iiqasary
fashi	Cash	X Check			Т	Aggregate	Receipts
Is this receipt associated with an event reported in Section F? Method of Receipt	Care	CDECK		ī			
If yes, list Event # No Credit/Debit Ca	rd Payr	oll Deduction	Money Orde	r	1		\$2,000.00
Is contributor a lobbyist, spouse,	actor, prospective stat	le contractor or	principal thereof?		Yes X No		Amount Received
or dependent canto of a 1000ylat?			Executive Legisla		163 (23 160	'	ATTOUR MECETAEG
government the contract is	with:			,		4	
Description (if applicable)				Date Received			\$2,000.00
Contribution				10/12/2010	5		φ 2,000.00
Name Congress of Connecticut Community College	s						
Street Address		City				State	Zip Code
907 Wethersfield Ave			Hartford			ст	06114
Principal Occupation (if applicable)			Name of Employer (if ap	plicable)			
		ĺ					
		┰╌┙		·			-
Source Type: Individual/Sole Proprietorship Committee Bank Affiliated Business Rotity X Affiliated Or	U Other	Type of R	• 💳	ribution	_		hared Expense
Bank Affiliated Business Entity X Affiliated Or	ganization		Interest L Surplus	Distribution	Contribut	ion from A	ffilisted Treasury
					Т	Aggregate 1	Receipts
Is this receipt associated with an event reported in Section F? Method of Receipt	Cash	X Check	🔲 вг	T	j	-B	
If yes, list Event # No Credit/Debit Car	nd Paur	oll Deduction	Money Orde	,	1		\$20,000.00
la contributor a lobbvist anguse.							
or dependent child of a lobbyist? Yes If yes, indicate which brat		П.	Executive Legisla		Yes X No	1 1	Amount Received
government the contract is	with:	· •	Legisla	TAG		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
Description (if applicable)				Date Received			
Contribution				10/08/2010	5		\$20,000.00

Name SEIU Local 32BJ PAC			
Street Address 196 Trumb	uli	City	State Zip Code CT 06103
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type: Individual/Sole Proprietorabip Benk Affiliated Business Entity	X Committee		bursement for Shared Expense ibution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? Yes	Method of Receipt Cash	Check X EFT	Aggregate Receipts
If yes, list Event # X No	Credit/Debit Card Psyrol	1 Deduction Money Order	\$30,000.00
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof?	No Amount Received
Description (if applicable) Contribution		Date Received 10/07/2016	\$30,000.00
. Name Connecticut State Em	ployees Assoc.		
Street Address 760 Capito	l Ave	City Hartford	State Zip Code CT 06106
Principal Occupation (If applicable)		Name of Employer (if applicable)	
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Other Affiliated Organization		bursement for Shared Expense
		Bank Interest Surplus Distribution X Cont	
Bank Affiliated Business Entity Is this receipt associated with an event reported in Section F? If yes, list Event # X No	Affiliated Organization Method of Receipt	Bank Interest Surplus Distribution Cont Miscellaneous Check X EPT Deduction Money Order	ribution from Affiliated Treasury
Bank Affiliated Business Entity Is this receipt associated with an ovent reported in Section F7 Yes	Affiliated Organization Method of Receipt Cash	Bank Interest Surplus Distribution Cont Miscellaneous Check X EPT Deduction Money Order	Aggregate Receipts
Is this receipt associated with an event reported in Section F? If yes, list Event #	Method of Receipt Cash Credit/Debit Card Payrol Is contributor a state contractor, prospective state If yes, indicate which branch or branches of	Bank Interest Surplus Distribution	Aggregate Receipts \$10,000.00

Name Connecticut Healthcare	District 1199						
Street Address 77 Huyshop	e Ave .	City Hartford	State Zip Code CT 06106				
		<u> </u>					
Principal Occupation (if applicable)		Name of Employer (if applicable)					
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Other Affiliated Organization		usement for Shared Expense sulion from Affiliated Treasury				
is this receipt associated with an event reported in Section F? Yes	Method of Receipt Cash	X Check EFT	Aggregate Receipts				
If yes, list Even; # No		I Deduction Money Order	\$40,000.00				
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a state contractor, prospective state of if yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof?	Amount Received				
Description (if applicable) Contribution		Date Received 10/05/2016	\$40,000.00				
Name Connecticut State Unive	ersity American Assoc, od Univ Profs						
Street Address CCSU Marc	us White 316	City New Britain	State Zip Cods CT 06050				
Principal Occupation (if applicable)		Name of Employer (if applicable)					
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Other Affiliated Organization		usement for Shared Expense oution from Affiliated Treasury				
Is this receipt associated with an svent reported in Section F? Yes	Method of Receipt Cash	Check EFT	Aggregate Receipts				
If yes, list Event # X No		Il Deduction Money Order	* \$10,000.00				
Is contributor a lobbyist, epouse, or dependent child of a lobbyist? X No	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof? Recontive Legislative	Amount Received				
Description (if applicable)		Date Received					
Contribution	·	10/05/2016	\$10,000.00				

		·	
Name CEUI			
Street Address 110 Randol	ph Rd	City Middletown	State Zip Code CT 06457
Principal Occupation (if applicable)		Name of Employer (if applicable)	C1 100437
	·.		
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Other Affiliated Organization		oursement for Shared Expense
Is this receipt associated with an ovent reported in Section F?	Method of Recoipt Cash	X Check EFT	Aggregate Receipts
If yes, list Brent # No	<u> </u>	li Deduction Money Order	\$10,000.00
is contributor a tobbyist, spouse, or dependent child of a tobbyist?	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof? Yea X N Bxocutive Legislative	lo Amount Received
Description (if applicable) Contribution		Data Received 10/05/2016	. \$10,000.00
Name CEUI			
Street Address 110 Rando	ph Rd	City Middletown	State Zip Code CT 06457
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Other Affiliated Organization		nursement for Shared Expense
Is this receipt associated with an event reported in Section F?	Method of Receipt Cash	K Check BFT	Aggregate Receipts
If yes, list Event # No		Il Deduction Money Order	\$10,000.00
is contributor s lobbyist, spause, ar dependent child of a lobbyist?	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	econtractor or principal thereof?	No Amount Received
Description (if applicable) Contribution		Date Received 10/05/2016	\$10,000.00
		Total of Section	on B \$132,000.00
·	•		

I. RECEIP	TS (Sec	tion A-E)					• .	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	-		·	TYPE OF	REPORT		· .	
Labor United for Connecticut				24 Hour Ind Original	ependent E	xpenditure G	eneral Election -	
C. Loans Received	d this Pe	riod						
Name of Lender		Source of Loan: Bank	Individual	Committee	Othe	1	of Receipt	
Street Address	City			State	Zip Code		ere a cosigner or rentor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)							Amount Received	
Street Address	City	,		State	Zip Code			
Total of Section C								
I. RECEI	PTS (Se	ections A-E)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPI	OF REPO	DRT	
Labor United for Connecticut					24 Hour Inde Election - Or		enditure General	
D. In-Kind Co	ntributi	lons	•	· · · · · ·				
Name								
Street Address	City				State		Zip Code	
Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity. Affiliated Organization	Date	Received		Aggrega	ete Receipts			
Is Contributor a tobbyist, spouse, or Yes Is contributor a state contractor, or dependent child of a tobbyist? No If yes, Indicate which branch or bra government the contract is with:			al thereof? nutive Legisla	tive	Yes No		farket Value of this Contribution	
Is this contribution associated with an Yes Description of In-Kie event reported in Section F? No If yes, list Event#	ad Contribut	·						

	I. Receip	ts (Sections A - E						
NAME OF COMMITTEE				TYPE OF R	EPORT			
Labor United for Connecticut					24 Hour Independent Expenditure General Election - Original			
E. R	fundable Deposit to	Telephone Compan	y	······································				
Last Name of Individual	nme of Individual First Name			м	Date Deposit Mad	Date Deposit Made		
Residential Street Address	G	ity	Zip Code		Amount of Deposit			
Name of Telephone company			_			•		
Street Address	City	City State		Zip Code				
				Total of Sec	tion B			
П. 1	VENT ACTIVITY	Y (Sections F)				ž.		
NAME OF COMMITTEE (As reported on Page	l, Line 1)			TYPE OF	report	•		
Labor United for Connecticut				24 Hour Ind Election - O	lependent Expendit Inginal	re General		
	F.	Event Information		<u> </u>				
Event # Description Date of Event Letter				·	Was this a fu	ndraising event?		
Location: Street Address			City	•	State	Zip Ceds		

	III. E	<u>XPENDITURES</u>	Section (Section)	ions C	<u>3-D</u>	.		<u>.</u>	· · ·				
NAME OF COMMITTEE (As reporte	d on Page 1, Line	1)			·			TYPE OF	REPO	RT .			
Labor United for Connecticut								24 Hour Indep		Expenditure	General	Election	n - Original
<u>; · · · </u>		G. Expenses	Paid By	Com	mittee				1.7%				
Name of Payes TD Bank						Date of Pays 10/01/20			M	cthud of Payme Check	,	х	eft
Street Address 333 N Main St .			City West H	artford	1					eto CT		ip Code 06117	
If an Independent Expanditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Complete Section Complete Section G. Addendum) Checking account fee					E	ivent#	•						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought							$\overline{}$	Supported Opposed					
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addeadum		titure (by code) (only comp enditure has ONE Expendi	Expenditure Section Number				rendum?	,	Amount .	\$25,95			
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes XNo		f yes, what is the expenditure number Section Number				1	Pinal or Full Payment						
Name of Payee DKC						Date of Pays 10/13/20			м	cthod of Paym Check i	¥	X	EFT
Street Address 261 5th Ave		·	City New Yo	ork						nte NY	·	ip Code	
ff an Independent Expenditure, is it on behalf of mo candidate? If yes, c X Yes No G. Adde	omplete Section	Description (only compl Complete Section G. Ad Digital Ads		endent E	xpenditu	re has ONE Es	pendit	ure Code - if mo	ore than	oe,	E	ivent#	
Name of Candidate (only complete if Independent E	xpenditure is on behali	f of ONE candidate - if mor	re than one,	Complet	e Section	G.Addendum			Office	Sought		\equiv	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No		diture (by code) (only comp enditure has ONE Expendi		Exq Section G	penditure on	Number	719	Associated v	with Refe	rendum?		Amount	3,750.01
Is this expenditure psyment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	expenditure number viously incurred?	Exp Section I	enditure 1	Number Num	ber		Final or Full Pa	•	ring		-	
							T.	ntal of Section	. _C T			\$48	.775.96

III. EXPENDITURES (Sections G - J)										
NAME OF COMMITTER (As reported on Page.	Line 1)	· · ·					TYPE OF REPORT			
Labor United for Connecticut					24 Hour independent Expenditure General Election - Original					
H. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Ty	pe of Credit C Visa Other		Master Card	Discover	Am	erican Empress	
Name of Vendor, Person or Butity								Date	of Transaction	
Street Address				City			- ***	State		Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Section H. Addandum		scription (only complete are than one, Complete Se			re has (ONE Expenditure	Cods - if		Event#	
Name of Candidate (only complete if Independent Expenditure if more than one, Complete Section H. Addendum)	a on behalf of (ONB candidate -		. 0	Affice So	night			З ирр	
Does Expenditure have more than one expenditure code? If yes, complete (by code) Section H. Addendum	xpenditure	Expenditur Section		mber		Associated witi	h Referendum?			Amount
Yea No		н	·			Ye	6 	No		
							Total of Section	H		

III. EXPENDITURES (Sections G - J)								
NAME OF COMMITTEE (As reported on Page	l,:Line 1)	_	ŤŶPÉ ÔF I	ypé of report				
					ndependent Expenditure General Original			
1. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor				Date Incurred				
Street Address .		City	State	Zip Code				
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, comp Yes No Section I. A	licte	Description			Bvent #			
Name of Candidate (only complete if Independent Expenditure Section I. Addendum)	is on behalf of ONE candidate - if t	more than one, Complete	Office Sought		Supported			
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number	dum? No	Amount				
			Total of Section !	7				

	III. EXPENI	DITURES (Se	ction	s G - J)		•			
NAME OF COMMITTEE (As reported on Page	e 1, Line 1)					TYP	E OF REPORT		
Labor United for Connecticut						24 Ho Origin	our Independent Exp el	enditure G	eneral Election -
J. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant	ultant First MI				Date of Payment to Vendor, Person or Entity				
Name of Vendor, Person or Ruity Paid by Committee Works					ss reported in Section G Debit Card HFT				
Street Address of Vendor, Person or Entity Paid by Committe	e Worker/Consultant		City					State	Zip Code
If an Independent Expenditure, is it on behalf of more than or If yes, con Yes No Section J.		Description	escription					Event#	
Name of Candidate (only complete if Independent Expenditu Complete Section I. Addendum	Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum						Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, camplete Section J. Addendum	Purpose of Expenditure (by code)	Expenditur Section		sr Number	Associat	sociated with Referendum?			Amount
Yes No		1			<u> </u>	=	otal of Section J		
IV. DISCLO	SURE IN COMMU	NICATIONS	(Se	ctions K -	L)				
		-		· · · · · · · · · · · · · · · · · · ·		ī	TYPE OF REF	PORT	· · · · · · · · · · · · · · · · · · ·
NAME OF COMMITTEE (As reported on Page Labor United for Connecticut	e i, Line ij					1	Hour independent E	xpenditure	General
K. Five L	argest Contributions	Disclosed in Co	mmu	nication	=:] =10	- Ongrai	=	·
Source of Contribution - Name of Person Making Contribution	מו		-					Expendit Section	ure Number Number
Address of Person Making Contribution - City				_				State	Zip Code
Source of Contribution - Name of Individual who Signed Che	eck or Authorized Contribution								Amount

IV. DISCLOSURE IN COMMUNICATIONS (Sections: K - L)	
NAME OF COMMITTEE (As reported on Page Latine I)	Type of Report
Labor United for Connecticut	24 Hour Independent Expenditure General Election - Original
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	2:

Name of Person Receiving Covered Trunsfer as Reported in Section K	Expenditure No.	umber Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known) .	State	Zip Cods

	Section G. ADDENDU	M		·		
NAME OF COMMITTEE (As reported	l on Page 1, Line 1)			TYPE OF RE		
Labor United for Connecticut -					ient Expenditure General I	Election -
	G. Expenses Paid By Com	mittee - Addendum				
Expenditure Number as reported	l in Section G	Total An	noun	t of the Expen	diture	
G	223719	<u> </u>		\$4	B,750.01	
Description					Expenditure Code	
Digital ads					A-OTH	
Name of Candidate	Office	Sought (if applicable)	X	Supported	Amount Allocated	
Saud Anwar	State	Representative		Opposed		\$1,060.36
Description					Expenditure Code	<u> </u>
Digital ads					A-OTH	
Name of Candidate	Name of Candidate Office Sought (if applicable) Supported					
Tom Deinicki	State	Representative	X	Opposed		\$2,121.71
Description					Expenditure Code	
Digital ads					A-OTH	
Name of Candidate	Office	Sought (if applicable)	X	Supported	Amount Allocated	
Elizabeth "Betty" A Boukus	State	Representative		Opposed		\$1,055.82
Description					Expenditure Code	
Digital ads					А-ОТН	
Name of Candidate	Office	Sought (if applicable)		Supported	Amount Allocated	
William A Petit Jr	State	e Representative	X	Opposed		\$2,112.63
Description				<u> </u>	Expenditure Code	
Digital ads					A-OTH	•
Name of Candidate	Office	Sought (if applicable)	X	Supported	Amount Allocated	
Joshua C Shulman	State	Representative		Opposed		\$1,050.12

Description		-	Expenditure Code	
Digital ads			A-OTH	
<u> </u>		T		·
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Gary P Byron	State Representative	X Opposed		\$2,101.23
	<u> </u>	<u> </u>	2-40-6-4	
Description			Expenditure Code	
Digital ads			A-OTH	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
	State Representative		Allouis Allocated	** *** **
Sharon M Palmer	State Representative	Opposed		\$1,129.08
Description			Expenditure Code	-
Digital ads		•	A-OŢH	
	<u></u>		· · · · · · · · · · · · · · · · · · ·	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Kathleen M McCarty	State Representative	X Opposed		\$2,259.17
		<u> </u>		
Description			Expenditure Code	
Digital ads			A-OTH	
	Office Sought (if applicable)	X Supported	Amount Allocated	
Name of Candidate	State Representative		Amount Attorned	
Christine Conley	203re Kabiasauranya	Opposed		\$855.65
Description			Expenditure Code	
Digital ads			- A-OTH	
	T	т		<u>. </u>
Name of Candidate	Office Sought (If applicable)	Supported	Amount Allocated	
John Scott 2016	State Representative	Copposed		\$1,712.31
Description		<u> </u>	Expenditure Code	
Digital ads			A-OTH	
			A-0111	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Joe De La Cruz 2016	State Representative	Opposed		¢1 027 21
300 04 E8 G142 2010		- Sypanor	<u> </u>	\$1,027.31
Description			Expanditure Code	
Digital ads			A-OTH	,
	1	T		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Aundre P Bumgardner	State Representative	X Opposed		\$2,055.63

Description			Expenditure Code	
Digital ads			А-ОТН	
	· · · · · · · · · · · · · · · · · · ·			
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Susan C Eastwood	State Representative	Oppased		\$1,092.45
Judii C Editation				\$1,032.43
Description			Expenditure Code	
Digital ads		•	A-OTH	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Sam Belsito	State Representative	X Opposed	•	\$2,185.90
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Description			Expenditure Code	
Digital ads			A-OTH	
	T	<u></u>		
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Tim Curtis	State Representative	Opposed		\$1,204.46
	<u> </u>	1		
Description		•	Expanditure Code	
Digital ads			А-ОТН	
·		·		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Scott A Storms	State Representative	X Opposed		\$2,409.92
	<u> </u>	<u></u>		····
Description	·	•	Expenditure Code	
Digital ads	·		A-OTH	1
		<u> </u>		
Name of Candidate	Office Sought (if applicable)	X. Supported	Amount Allocated	·
Laura E Bartok	State Representative	Opposed		\$1,108.71
Description			Expenditure Code	
Digital ads			A-OTH	
	1	T		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Cara C Pavalock	State Representative	X Opposed		\$2,217.42
Production	<u> </u>	<u> </u>		
Description			Expenditure Code	
Digital ads			A-OTH	
Nume of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Liz Linehan .	State Representative	Oppased Oppased		\$1,084.11

Description			Expenditure Code	
Digital ads			A-OTH	!
		<u> </u>		
Name of Candidate	Office Sought (if applicable)	Supported ·	Amount Allocated	
Andrew A Falvey	State Representative	X Opposed		\$2,168.22
Description			Expenditure Code	
Digital ads		·	A-OTH	
Nama of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Eva Bermudez Zimmerman	State Representative	Opposed		\$1,149.25
Description			Expenditure Code	
Digital ads			А-ОТН	
	<u></u>		•	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	•
Mitch Bolinsky	State Representative	X Opposed		\$2,298.50
Description			Expenditure Code	
Digital ads			A-OTH	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated.	
Sean P Ronan	State Representative	Opposed		\$1,125.39
			- "	
Description			Expenditure Code	
Digital ads			A-OTH	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Charles J Ferraro	State Representative	X Opposed		\$2,250.78
Description			Expenditure Code	
Digital ads			A-OTH	
. •		,		
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Timothy R Bowles	State Senator	Opposed		\$3,301.31
Description			Expenditure Code	
Digital ads		·	A-OTH	.
Digital ads			AUIII	
Narra af Cundidata	Office Sought (if applicable)	Supported	Amount Allegated	···
Name of Candidate	State Senator	I	Amount Allocated	
Heather Somers	Orace Saustot	X Opposed		\$6,612.57

Section H. ADDENDUM									
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPOR	Τ							
H. Expenses Incurred	l on Committee Credit Card - Adden	dum							
Expenditure Number as reported in Section H	Total Am	ount of Expenditure							
н			·						
Description		Expenditure Code							
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated						

Se	ction I. ADDENDUM		<u></u>			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYP	E OF REPORT		
I. Expenses Incurred by C	ommittee but Not Paid During this Pe	riod - Addend	lum			
Expenditure Number as reported in Section I Total Amount of the Expenditure						
Description Expenditure Code						
Name of Candidate	Office Sought (if applicable)	Supported Opposed		Amount Allocated		

Section J. A	DDENDUM			
NAME OF COMMITTEE (As reported on Page I, Line:1)			TYPEOI	REPORT
J. Itemization of Reimbursemo	ents and Secondary	Payées - Adde	ndum	
Expenditure Number as reported in Section J		Tot	tal Amount of the Ex	penditure
J .				
Description			Expenditure Code	
	-			
Name of Candidate	o)	Supported	'Amount Allocated	
			Opposed	

SEEC FORM 21

Short Form Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/07



Electronic Filing

Office Use Only

. L	·							
apor United f	or Connecticut							
. TREASURER N	AMB							
itle	First			MI	Last			Suffix
r	Paul				Filson			
TREASURER A	DDRESS			•				
eet Address			City			State		Zip Code
Beverly Rd			West	Hartford		cr	1	0 6119
ELECTION DA	TE.		S. C	PFICE SQU	GHT (((applicable)		6. DISTRI	CT CODE (f applicable)
CANDIDATEN	IAMB	• • • • • • • • • • • • • • • • • • • •					• •	
itle	Pirst			MI	Last			Suffix
	<u>. </u>				1			<u> </u>
TYPE OF REPO	ORT .	_ ```					<u> </u>	•
ctober 10 Fiji	ing - Orlginal							
PERIOD COVE	*						· · ·	
PERICULARIYA	RKD							
	(0.07)							
	(0.17)	Beginning Date			Ending Date			
		Beginning Date			Ending Date			
		Beginning Date 09/22/2016	t	hru	Ending Date 09/30/2016			_
			t	hru				
	·				09/30/2016		•	
				hru RTIFICATIÒ	09/30/2016		•	
		09/22/2016	10. CE	RTIFICATIO	09/30/2016 N	powe did not rec		
I here	by certify and state, t	09/22/2016	10. Ciši e statem	RTIFICATIO	09/30/2016	bove, did not rec	elve is Short	
I here contril	by certify and state, t	09/22/2016 under penalties of false, or make or incur exp	10. Ciši e statem	RTIFICATIO	09/30/2016 N e committee named at	bove, did not rec and covered by thi	elve Is Short	· · · · · · · · · · · · · · · · · · ·
I here contril	by certify and state, to	09/22/2016 under penalties of false, or make or incur exp	10. Ciši e statem	RTIFICATIO	09/30/2016 N e committee named at	bove, did not rec	elve is Short	
✓ I here contril	by certify and state, to	09/22/2016 under penalties of false, or make or incur exp	10. Ciši e statem	RTIFICATIO	09/30/2016 N e committee named at	nove, did not rec nd covered by thi	elve s Short	
✓ I here contril	by certify and state, to	09/22/2016 under penalties of false, or make or incur exp	10. Ciši e statem	RTIFICATIO	09/30/2016 N e committee named at	od covered by thi	is Short	
I here contril Form	by certify and state, to butions or other funds Campaign Finance Dis	09/22/2016 under penalties of false, or make or incur expectosure Statement. Paul Filson	10. CBI	ent, that th	09/30/2016 N e committee named at	od covered by thi	is Short 6:33:31PM	
✓ I here contril	by certify and state, to butions or other funds Campaign Finance Dis	09/22/2016 under penalties of false, or make or incur expectosure Statement.	10. CBI	ent, that th	09/30/2016 N e committee named at	od covered by thi	is Short 6:33:31PM	
I here contril Form	by certify and state, to butions or other funds Campaign Finance Dis	09/22/2016 under penalties of false, or make or incur expectosure Statement. Paul Filson	10. CBI	ent, that th	09/30/2016 N e committee named at	od covered by thi	is Short 6:33:31PM	

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised May 2016



Electronic Filing

Do Not Mark in This Spice For Official Use Only

Page 1 of 11

COVER PAGE

		AFKL		_		
NAME OF COMMITTEE	•				2. ELECTION/R	EFERENDUM DATE
abor United for Connecticut						
TREASURER NAME						
irst			Suffix			
aul			Filson			<u> </u>
TREASURER ADDRESS						
treet Address	City			State	. 2	ip Code
O Beverly Rd	West	Hartford		СТ		06119
TYPE OF REPORT	,	- · · · · · · · · · · · · · · · · · · ·	·		<u> </u>	
nitial Contribution or Disbursement - Original						•
PERIOD GOVERED					·.	
Beginning Date			Ending Date			
09/12/2016		thru	09/21/2016			
CERTIFICATION	-					
I hereby certify and state, under penalties of fa Itemized Campaign Finance Disclosure State complete, and further that any expenditures and obligations disclosed committee, party committee, or candidate com-	i tement fo	or the periode	d covered is true, accurate dent of any other individua	e and		·
lectronic Filing	Par	ul Filson			09/22/2016	2:34:12PM
REASURER OR DEPUTY TREASURER (SIGNATURE		NT NAME (OF SIGNER			ED (mm/dd/yyyy)
A Parent who is favored to have formulated and all	Calles relates	ad any are	visions of the computer 5			•
A Person who is found to have knowingly and will penalty or imprisonment or both.	talià aldiya		risions of the campaign fins	ince statui	can taces a civil	
						٠.

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

. SUMMARY PAGE TOTALS

NAME OF COMMITTIBE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	Pritial Contribution or Disbursement	Original
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$0.00
9. Balance on hand at the beginning of Reporting Period	\$0.00	
10. Monetary Receipts (Section A and B)	\$20,000,00	\$20,000.00
11. Lozas (Section C)	\$0,00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$20,000.00	\$20,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$20,000.00	\$20,000.00
14. Expenses Paid by Committee (Section G)	. \$0.00	\$0.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$20,000.00	\$20,000.00
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section B)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0.00	\$0.00
18d, Total Outstanding Loan Amount	\$0.00	· · · · · · · · · · · · · · · · · · ·
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEI	PTS (Sec	tion A-E	<u> </u>						
NAME OF COMMITTEE (As reported on Page 1, Line 1)			<u>.</u>	.c:	TYPE	E REPORT			
Labor United for Connecticut						tribution or Dis	bursen	nent - Origina	l
A. Total Contributions from Small Individual Contributor	rs-Receiv	ed this P		NLY otal Section	Α .				\$0.00
Ses instructions for definition of Small Individual Contributor) B. Itemized Monets	ary Receip	ts							
			<u> </u>				<u></u>	<u> </u>	
Name SEIU CT State Council									
Street Address 77 Huyshope Ave		City	ŀ	lartford			Stat	1 -	Code 106
Principal Occupation (if applicable)			Name of E	mployer (if ap	plicable)	_			
Source Type : Individual/Sole Proprietorship Committee Bank Affiliated Business Entity X Affiliated Organization	Other	15	leccipt : Interest cilaneous		ibution Distribution	_		ent for Shared I	-
Is this receipt associated with an	Cash	X Check		☐ EF	r		Agg	regate Receipt	3
event reported in Section F? If yes, list Event # X No Credit/Debit Card	Payro	il Deduction		Money Orde	•			\$2	20,000.00
Is contributor a lobbyist, spouse, ar dependent child of a lobbyist? Yes Yes	•		principal the Executive	reof ?	_] Yes X ?	ło	Viuom	Received
Description (if applicable)			<u>.</u>		Date Recei	ved	\dashv		
Initial Contribution					09/16/2	016		\$2	20,000.00
	-					Total of Secti	on B	\$2	0,000.00
TOTAL OF ALL RECEIPTS	(Section	ns A & B)	(To	tal on Line l	0 of Summ	ary Page).		\$2	0,000.00
i. RECEIPT	S (Section	1 A-E)							
NAME OF COMMITTEE (As reported on Page 1, Line 1)		·····			TYPE OF	REPORT			
Labor United for Connecticut					nitial Contri	butlan or Disbu	irsemei	nt - Original	
C. Loans Received	this Period								
Name of Lender	So	urce of Loan:					0	ate of Receipt	
		Bank	Individu	al	Committee	Other	\perp	-	
Street Address	City				State	Zip Code		there a cosign inarantor of thi	
	<u> </u>						_	Yes	No
Name of Coaigner/Guaranter (if applicable)								Amount R	leccived
Street Address	City				State	Zip Code	7		
	<u> </u>					Total of Sect	Lon C		

L RECI	EIP	TS (Sections A-E)							
NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT									
Labor United for Connecticut	ntribution o	r Disbursement -							
D. In-Kind Contributions									
Namo									
Street Address	Street Address City						Zip Cade		
Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	ee	Dato Received		Aggrega	te Receip	ts			
Is Contributor a lobbyist, spouse, or Yes Is contributor a state contractor, prespective state contractor or principal thereof? Yes Fair Market Value of this dependent child of a lobbyist? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Is this contribution associated with an Yes Description of In event reported in Section F? No If yes, list Event#	svent reported in Section F? No								
			1	Fotal of	Section 1	D			
I. Rec	eip	ts (Sections A - E	······	····					
NAME OF COMMITTEE			-	TYPE	OF RE	PORT			
Labor United for Connecticut		V 		initial C	ontributi	on or Disb	ursement - Original		
E. Refundable Deposi	t to	Telephone Company					•		
Last Name of Individual	:	First Name		МІ		Date Depo	osit Made		
Residential Street Address	Ci	ty .	State	Zip C	ode		Amount of Deposit		
Name of Telephone company									
Street Address	Street Address City State Zip Code								
				Total	of Secti	on E			

<u> </u>	· · · · · · · · · · · · · · · · · · ·	. ,						 -				
II. EVENT ACTIVITY (Sections F)												
NAME OF COMMITTEE (As reported on Page 1, Line 1)							TYI	TYPE OF REPORT				
Labor United for Connecticut						initia	Initial Contribution or Disbursement - Original					
		F. Eve	nt Infor	matic	n .			_				
Rvent # Dea	ziption						Was this a fundraising over			draising ovent?		
Location: Street Address				City					State	1		
								-	_			
	III. E	XPENDITURE	S (Sect	ions (G - J)							
NAME OF COMMITTEE (As reported on Page 1, Line 1) TY							TYPE OF	YPE OF REPORT				
Labor United for Connecticut						nitiai Contrib	l Contribution or Disbursement - Original					
		G. Expenses	Paid By	Com	mittee	·						
Name of Payes				Date of Payment					Method of Payment Check # Debit Card			EFT
Street Address				City				State			_	Zip Code
											1	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section Yes No G. Addendum				olete if Independent Expenditure has ONE Expenditure Code - if more the ddendum)					ore than one	an one,		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed				
Dues Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No		e of Expenditure (by code) (only complete pendent Expenditure has ONE Expenditure Section G			penditure on	Number Associated with R Number Yes		vith Referen	eferendum? No		Amount	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	Bxpenditure Number If yes, what is the expenditure number Section Number of the expense previously incurred?				ber	Final or Full Payment Partial with Balance Owing			•			

Total of Section G

I	I. EXPENDITUR	ES (Sec	tions (G-J)	. ,						
NAME OF COMMITTER (As reported on Page 1, Line 1)						Type of report					
Labor United for Connecticut			Initial Contribution or Disbursement - Original								
H. Expen	ses Incurred on Cor	nnilttee	Credit	Card			-	•			
Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover Other			American Express				
Name of Vendor, Person or Entity						Date	of Transaction	•			
Street Address				City			State Zip Code				
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, camplete Yes No Section H. Addendum				liture has ONE Expendit	ure Code - if		Bvent#	Event#			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)				Office Sought				Supported Opposed			
Does Expenditure have more than one expenditure code? If yes, complete (by code) Yes No	re Expenditu Section H		umber	Associated with Referendum? ber Yes No			Amount				
					Total of Section	н					

	III. EXPENDIT	TURES (Se	ctions G - J)				
NAME OF COMMITTEE (As reported on Page	i, Line I)			TYPE O	TYPE OF REPORT		
Labor United for Connecticut	Initial Cont	initial Contribution or Disbursement - Original					
L Expense	s Incurred By Committ	tée but Not P	aid During this P	Period '			
Name of Creditor	Date Incurre	d .					
		·					
Street Address			City		State	Zip Cods	
			·	······			
If an Independent Expanditure, is it on bahalf of more than one candidate?	ľ	Description				Bvent#	
Yes No Section 1. A							
Name of Candidate (only complete if Independent Expenditure Section I. Addengum)	is on behalf of ONE candidate - if s	more than one, Cor	mplete	Office Sought		Supported	
Booms 1 Assettigenty						Opposed .	
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expend Section	iture Number	Associated with Refer	endum?	Amount	
Yes No		Section 1	Number	Yes	No		
·				Total of Section i			

III. EXPENDITURES (Sections G - J)											
NAME OF COMMITTEE (As reported on Page	• •				TY	PE OF REPORT					
Labor United for Connecticut					Initia	al Contribution or Dist	ursement -	Original			
J. Itemization	J. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant		Ficat			м	Date of Payment to V	/endor, Perso	n or Entity			
Name of Vendor, Person or Emity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Check #							as reported in	a Section G			
Street Address of Vendor, Person or Entity Paid by Committee	Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City						State	Zip Code			
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum							Event#				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum								Supported Opposed			
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditur Section		Number		th Referendum?	₹o	- Account			
Yes No		1, 1				Total of Section J					
IV. DISCLO	SURE IN COMMU	NICATIONS	(Sec	ctions K -	L)						
NAME OF COMMITTEE (As reported on Page	ge 1, Line 1)					TYPE OF RE	PORT				
Labor United for Connecticut					In	ilijai Contribution or D	lsbursemen	it - Original			
K. Five L	argest Contributions I	Disclosed in Co	mmu	inication							
Source of Coalribution - Name of Person Making Contribution	10						Expendib Section	ure Number Number			
Address of Person Making Contribution - City							State	Zip Code			
Source of Contribution - Name of Individual who Signed Che	eck or Authorized Contribution			<u>-</u>				Amount			

IV. DISCLOSURE IN COMIN	/UNIC	ATIONS (Sections I	(-L)		. •	·	• • •	
NAME OF COMMITTEE (As reported on Page 1, Line 1)			7	•	T	YPE OF REPO	RT	
Labor United for Connecticut					nitial Contribution or Disbursement - Original			
L. "Nesting Dolls" Provision for	r Top 5 (Contributions Disclose	d in C	ommunication	ı ·			
Name of Person Receiving Covered Transfer as Reported in Section K						Expenditure Number		
						Section	Number	
Name of Person Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer - City (if known)							Zip Code	
Section G. ADDI	ENDUM	1				•		
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF RE	PORT			
G. Expenses Paid By	y Commi	ittee - Addendum			·			
Expenditure Number as reported in Section G		Total A	moun	t of the Expend	diture		·	
G								
Description ·					Expend	liture Cods		
Name of Candidate	Office So	ought (if applicable)		Supported	Amour	rt Allocated .		

S	ection H. ADDENDUM										
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPOR	Ŧ :								
·											
H. Expenses Incurred on Committee Credit Card - Addendum											
Expenditure Number as reported in Section H	. Total Amount of Expenditure										
н											
Description		Bapenditure Code									
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated								
		Opposed									

Se	Section I. ADDENDUM										
NAME OF COMMITTEE (As reported on Page 1, Line 1)		77	TYPE OF REPORT								
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum											
Expenditure Number as reported in Section I	Total Amount of the Expenditure										
Description			Expenditure Cods								
	<u> </u>										
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated .								
		Opposed									

Section J.	DDENDUM										
NAME OF COMMITTEE (As reported on Page 1; Line 1)		•	TYPE O	REPORT							
J. J. Fremization of Reimbursements and Secondary Payees - Addendum											
Expenditure Number as reported in Section J	Total Amount of the Expenditure										
J											
Description			Expenditure Code	· · · · · · · · · · · · · · · · · · ·							
	•										
Name of Candidate	Office Sought (if applicable	c)	Supported	Amount Allocated							
			Opposéd								

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016



Electronic Filing

Do Not Mark in This States For Official Use Only

Page 1 of 18

COVER PAGE

. NAME	OF COMMITTEE			•	-		2. ELECTION	PREFERENDUM DA	ATR:
Labor U	nited for Connecticut								
. ŢREAS	URER NAME -	, +						· · · · · · · · · · · · · · · · · · ·	
'irst ' aul				МІ	Last Filson			Suffix	_
. TREAS	URER ADDRESS				· · · · · · · · · · · · · · · · · · ·				
	et Address Beverly Rd			Hartford		tate :T	Zip Code 06119		
	FREPORT tion Report for Independent	Expenditure Polit	ical Act	ion Commi	ttees (Non Star	ndard) - Origi	nal		
PERIO	COVERED						·		
		Beginning Date			Ending Date			·	
		10/31/2016		thru	12/06/2016				
·CERTI	TEATION		-		- · · · · · · · · · · · · · · · · · · ·				F ·
v	I hereby certify and state, und Itemized Campaign Finance complete, and further that any expenditures and oblic committee, party committee, of	Disclosure State	ment fo	or the period le independe	covered is true, ent of any other i	accurate and			
lectron	lc Filing		Pau	ıl Filson			12/07/201	l6 9:48:22PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE			PRI	NT NAME OF	SIGNER		DATE CERT	IFIED (mm/dd/yyyy)	
									
	A Person who is found to have k penalty or imprisonment or both		ly violat	ed any provi	sions of the camp	paign finance st	atutes faces a civi	TI	

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT						
Labor United for Connecticut	Termination Report for Independent Sypenditure Political Action Committees (Non Standard) - Original						
	COLUMN A This Period	COLUMN B Aggregate					
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Belance on hand from day Committee was formed for all other Committees		\$20,000.00					
9. Balance on hand at the beginning of Reporting Period	\$103,364.26						
10. Monetary Receipts (Section A and B)	\$6,071.32	\$178,071.32					
11. Loans (Section C)	\$0.00	\$0.00					
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$6,071.32	, \$178,071.32					
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$109,435.58	\$198,071.32					
14. Expenses Paid by Committee (Section G)	\$109,435.58	\$198,071.32					
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$0.00	\$0.00					
16. In-Kind Contributions Received (Section D)	\$0,00	\$0.00					
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00					
18. Beginning Loan Balance	\$0.00						
18a, + Loans Received (Section C)	\$0.00	\$0.00					
18b. + Interest and Penalties on Loan	\$0.00	\$0,00					
18c Payments on Loan	\$0.00	\$0.00					
18d. Total Outstanding Loan Amount	\$0.00						
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00					
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00						
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00						

•	I. RECEII	PTS (Section A-E)					······································	
NAME OF COMMITTEE (As reported on P	age 1. Line 1)						OF REPORT			
Labor United for Connecticut						Terminal	ion Report for inc	lependent i	Expenditure Pol	
A. Total Contributions from Small		rs-Rec	eived this I		NLY itotal Section	3 A			\$0.00	
(See instructions for definition of Small Individual	Contributor) B. Itemized Moneta	ry Re	ceipts						- · · · · · · · · · · · · · · · · · · ·	
		-							•	
Name SEIU							_			
Street Address 1800 Mass	sachusetts Ave NW		City		Washingto	n		State	Zip Code 20036	
Principal Occupation (if applicable)			L	Name of	Employer (if a	pplicable)				
		_								
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Affiliated Organization			Receipt : k Interest cellaneous		tribution s Distributio			Shared Expense Affiliated Treasury	
Is this receipt associated with an	Method of Receipt	Cash	 _		X E	FT		Aggregat	Aggregate Receipts	
event reported in Section F? Yes If yes, list Event # X No	Credit/Debit Card		Payroll Deduction		Money Ord	ler			\$6,071.32	
(s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Is contributor a state contractor, pr If yes, indicate which branch or bra government the contract is with:	rospectiv	e state contractor or	principal th		i	Yes X N	•	Amount Received	
Description (if applicable)		-				Date Rec	ived.	+		
Contribution						11/01/	2016		\$6, 071.32	
	·						Total of Section	n B	\$6,071.32	
то	TAL OF ALL RECEIPTS	(Sc	ections A & B)	σ	otal on Line	10 of Sumn	nary Puge)		\$6,071.32	
										
·	I. RECEIPTS	S (Sec	tion A-E)						. · ·	
NAME OF COMMITTEE (As reported on Pa	ge 1, Line 1)					TYPE O	REPORT		· ·	
Labor United for Connecticut							n Report for Inde tion Committees			
	C. Loans Received t	his Pe	rlod							
Name of Lender			Source of Loan:					Date of	f Receipt	
			Bank	Individ	ual	Committe	e Other			
Street Address		City				State	Zip Code		a cosigner or tor of this loan?	
		<u> </u>							Yes No	
Name of Cosigner/Querantor (if applicable)								A	mount Received	
Street Address		City	· · · · ·			State	Zip Code	1		
:		<u> </u>								
							Total of Section	00 C.		

I. RECEIPTS (Sections A-E)											
NAME OF COMMITTEE (As reported on Page 1, Line 1)	•	•			TYPE C	F REPORT					
Labor United for Connecticut			•	Ex		port for Independent itical Action Committees					
D.	D. In-Kind Contributions										
Name											
Street Address City					State	Zip Code					
Type of Contributor: Individual / Sole Proprietorship Committee Date Received Aggregate Receipts Other Affiliated Business Entity Affiliated Organization											
Is Contributor a lobbyist, spouse, or Yes Is contributor a state contractor, prospective state contractor or principal thereof? Yes Fair Marke dependent child of a lobbyist? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative											
Is this contribution associated with an Yes event reported in Section F? No If yes, list Event#											
				otal of Se	etion D						
	I. Receip	ts (Sections A - E									
NAME OF COMMITTEE	•			TYPE C	F REPOR	r					
Labor United for Connecticut				Political A		r Independent Expenditure ittees (Non Standard) -					
E. Refundable	e Deposit to	Telephone Company		Oddinol							
Last Name of Individual		First Name		мі	Date	Deposit Made					
Residential Street Address	Ci	ly .	State	Zip Cod	lo	Amount of Deposit					
Name of Telephone company	<u>L</u>	·									
Street Address	City		State	Zip Co	de	·					
				Total o	f Section E						

	II. EVENT ACTIVITY (Sections F)			,			
NAME OF COMMITTEE (As rep	oried on Page 1, Line 1)	TYPE OF R	TYPE OF RUPORT				
Labor United for Connecticut		Termination Report for Independent Expenditure Political Action Committees (Non Standard) -					
	F. Event Information						
Event # Letter Date of Event	Description		Was this a fun Yes	draising event?			
Location: Street Address		City -	State	.Zip Cods			

	III. EXPENDITURES (Sections G - J)												
NAME OF COMMITTEE (As reported						·		TYPE OF	REPORT				
Labor United for Connecticut					•				eport for Inc	sport for Independent Expenditure Political Act			
G. Expenses Paid By Committee													
Name of Payee TD Bank		,				Date of Pays 11/01/20			Method	of Paymer Check # Debit Ca	. =] eft	
Street Address 333 N Main St .			City West H	artford					State		Zip Cod 06117		
If an Independent Expenditure, is it on behalf of more than one candidate? Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fee Yes No G. Addendum							Eveat#						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed					
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum. Yes X. No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure - Section Num BNK				Number Number		Associated with Raferendum?			Атош	s15.00		
is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	-	Expe Section	enditure N	Number Numb	ner	_	Final or Full Pa	•		<u> </u>	:	
Name of Payee TD Bank						Date of Pays 11/23/20			Method	of Paymen Check # Debit Ca		ret	
Street Address 333 N Main St .			City West H	lartford	-				State		2ip Coo		
if an Independent Expenditure, is it on behalf of more candidate? If yes, co Yes No G. Adden	mplete Section	Description (only compl Complete Section G. Ad Bank Fee	-	endent Exp	penditur	c has ONE Ex	peaditu	re Code - if ma	re than one,		Event #	_	
Name of Candidate (only complete if Independent Ex	peaditure is on behalf	of ONE candidate - if mor	re than one, (Complete :	Section (G.Addendum)			Office Soug	ht		Supported Opposed	
Does Expenditure buve more than one expenditure code? If yes, complete section G. Addendum Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Section G. Addendum BNK Expenditure Section G					e Number Associated w Number Yes		vith Referendum?		Атощ	\$30.00			
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the c	•	Expe Section	enditure N	Numb	ea .	_	Final or Full Pa Partial with Bal	•				

	, TEX E	XPENDITURES	C /Cont	iona f	7 - D			· · ·						
NAME OF COMMITTEE (As reporte			2 (SECT	TOMS 4	<u> </u>		1	TYPE OF	RE	PORT				<u> </u>
Labor United for Connecticut		-7. ·					Ť	Termination R	_		epandeni	Expendit	ire Po	ilitical Act
		G. Expenses	Paid By	.Com	mittee									
Name of Payee TD Bank			•			Date of Pays 11/30/20				Method	of Payme Check #	•	x]	EFT
Street Address 333 N Main St ,			City West H	lartford	d			-		State CT		Zip (Code	
If an Independent Expenditure, is it on behalf of more candidate? If yes, ec X No G. Adde	explete Section	Description (only compl Complete Section G. Ad Bank Fee	_	endent E	xpenditu	e has ONE Ex	pendit	ure Code - if mo	ore the	an one,		Even	t#	
Name of Candidate (only complete if Independent E	tpenditure is on behalf	of ONE candidate - if mor	re than one, i	Complet	e Section	G.Addendum)		Office Sought				- -	upported
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) BNK Expenditure Number Section Number G Yes						mi?]No	Am	tunt	\$2.00				
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the cof the expense prev	-	Exp. Section	enditure n	Number Num	ber		Final or Full Pa						
Name of Payes Connecticut Healthcare District 1199			·			Date of Pay 12/06/20				Method	of Payme Check #	1011		eft
Street Address 77 Huyshope Ave			City Hartfor	rđ						State CT		Zip (
If an Independent Espenditure, is it on behalf of mon candidate? If yes, co G. Adden	mplete Section	Description (only complete Section G. Ad Refund of contribu	ddandum)	endent E	kpenditu	e has ONE Ex	pendit	ure Code - if mo	are the	en one,		Even	i#	
Name of Candidate (only complete if Independent E	spenditure is on behalf	of ONE candidate - if mor	re than one,	Complet	e Section	G.Addendum))		Off	ice Sougi	b.t		-	upported
Does Expenditure have more than one expenditure code? IF yes, complete Section G, Addendum	expenditure code? If yes, complete if Independent Bependiture has ONE Expenditure Section G, Addendum Code) REF					vith R	rith Referendum?			sunt \$22,	090.75			
Is this expenditure payment for an expense previously reported as an expense incurred in Section I If yes, what is the expenditure number Section Number of the expense previously incurred? Yes X No					-			-						

	ШЕ	KPENDITURES	S (Secti	lons G - J)			
NAME OF COMMITTEE (As reported	• •					TYPE O	P REPORT	•
Labor United for Connecticut						Termination i	Report for Independen	t Expenditure Political Act
<u> </u>		G. Expenses	Paid By	Committe	ee			
Name of Payee UAW Education Fund			City		Date of Pays 12/06/20		Method of Payme X Check # Debit C	1012
Street Address 800 E Jefferson			Detroit				MI	48214
If an Independent Expenditure, is it on behalf of more candidate? If yes, cor G. Adden	nplete Section	Description (only compl Complete Section G. Ad Refund of contribu	idendum)	endent Expendi	ture has ONE Ex	spenditure Code - if m	ore than one,	Event#
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	re than one, (Complete Section	on G.Addendum		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? If yes, complete if Independent Expenditure has ONE Expenditure Section G. Addendum Purpose of Expenditure (by code) (only complete if Independent Expenditure Section G. Addendum REF Expenditure Number Section G Yes					with Referendum?	Amount \$16,568.06		
in Section 1 If yes, what is the expenditure number Section Number						Final or Pull P		
Name of Payee SEIU Local 32BJ PAC					Date of Pay		Method of Payme	1013
Street Address 196 Trumbull			City Hartfor	rd	-		State CT	Zip Code 06103
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Adden	mplets Section	Description (only comp Complete Section G. Ac Refund of contribu	ddendum)	endent Expendi	ture has ONE Ex	spenditure Code - if m	ore than one,	Event #
Name of Candidate (only complete if Independent Ex	peaditure is on behalf	of ONE candidate - if mo	re than one,	Complete Secti	on G.Addendum) 	Office Sought	Supported Opposed
Does Expenditure bave more than one expenditure code? If yes, complete Section G. Addendum Yes X. No		liture (by code) (only comp enditure bas ONE Expendi		Expendita Section G	nre Number Number	Associated Yes	with Roferendum?	Amount \$16,568.06
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	-	Exp Section I	enditure Numb	umber	Final or Full P		

	III. E	XPENDITURES	S (Secti	lons G	- J)		$\overline{}$:-			
NAME OF COMMITTEE (As reported	on Page 1, Line	1)	•					TYPE OF	REP	ORT		
Labor United for Connecticut		•					Ţ	Termination R	eport	for Indep	pendent E	Expenditure Political Act
	·	G. Expenses	Paid By	Comm	ittee	7 °7;			: : :	•		
Name of Payee SEIU CT State Council						Date of Pays 12/06/20				×	f Payment Check # Debit Care	1015
Street Address 77 Capitol Ave			'City Hartfor	rd				·		State CT		Zip Code 06106
If an Independent Expenditure, is it on behalf of more candidate? If yes, com Yes No G. Addend	iplete Section	Description (only complete Section G. Ad Refund of Contribu	idendum)	endent Exp	enditur	has ONE Exp	penditu	re Code - if mo	re that	006,		Event#
Name of Caudidate (only complete if Independent Exp	enditure is on behalf	of ONE candidate - if mor	re than one, (Complete S	Section (O.Addendum)			Offic	ce Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G, Addendum	if Independent Expenditure bas ONE Expenditure Section Number					Associated w	with Referendum?			Amount \$16,568.06		
is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X	If yes, what is the expenditure number Section Number						Final or Full Pa Partial with Bal	uil Payment b Balance Owing				
Name of Payee Congress of Connecticut Community C	olleges				4	Date of Pays 12/06/20				×	f Payment Check # Debit Care	1016
Street Address 907 Wethersfield Ave ,			City Hartfor	rd						State CT		Zip Code 06114
candidate? If yes, com	If yes, complete Section Refund of Contribution					re Code - if mo	re than	o one,		Event#		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addeadum)							Offic	ce Sought		Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No	if Independent Expenditure has ONE Expenditure Section Number				Associated w	d with Referendum?			Amount \$11,045.37			
Is this expenditure number for an expense				Final or Full Pa	•							

	III. E	XPENDITURES	S-(Sect	ons G - J	D.	. h.		
NAME OF COMMITTEE (As reported	on Page 1, Linc	1)				TYPE O	F REPORT	
Labor United for Connecticut						Termination	Report for Independen	t Expenditure Political Act
	<u>-</u>	G. Expenses	Paid By	Committ	ee -			
Narue of Payer CSEA			City		Date of Pays 12/06/20		Method of Payme X Check & Debit C	1017
Street Address 760 Capitol Ave			Hartfor	d			ст	
If an Independent Expenditure, is it on behalf of more candidate? If yes, cod Yes X No G. Adden	aplete Section	Description (only compl Complete Section G. Ad Refund of Contribu	idendum)	endent Expend	iture has ONE Ex	spenditure Code - if m	ore than one,	Event #
Name of Candidate (only complete if Independent Exp	neaditure is on behalf	of ONE candidate - if mor	re than one, (Complete Secti	ion G.Addeadum		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	omplets if Independent Expenditure has ONE Expenditure Section Number Code) REF					with Referendum?	Amoust \$11,045.37	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No Section I Payment for an expense incurred Final or Full Payment Final or Full Payment								
Name of Payer CEUI					Date of Pay 12/06/20		Method of Payme	1018
Street Address 110 Randolf Rd			City Middlet	town			State CT	Zip Cade 06457
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Addem	aplete Section	Description (only complete Section G. Ac Refund of Contrib	ddendum)	endent Expend	iture bas ONE Es	spendiburo Code - if m	ore than one,	Event#
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	re than one,	Complete Secti	ion G.Addendum		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		diture (by code) (only comp enditure has ONE Expendi		Expendit Section G	Number Number	. Associated	with Referendum?	Amount \$5,522.69
is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the c	expenditure number viously incurred?	Exp Section I	enditure Numb	er umber ,	Final or Full I		

	III. E	XPENDITURE:	S (Sect	lons G - J			•••	***
NAME OF COMMITTEE (As reported				-		TYPE OF	REPORT	
Labor United for Connecticut						Termination f	Report for Independer	nt Expenditure Political Act
		G. Expenses	Paid By	Committee	· •			
Name of Payer Connecticut State University AAUP	· · · · ·		-		Date of Payme 12/06/201		Method of Paym	# 1019
Street Address Marcus White 316			City New Br	itain	<u> </u>		State CT	Zip Code 06050
If an Independent Expenditure, is it on behalf of more candidate? If yes, com No G. Adden	mplete Section	Description (only comp Complete Section G. Ad Refund of Contrib	idendum)	endent Expenditu	e bas ONE Expe	nditure Code - if me	ore than one,	Event#
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mon	re than one, (Complete Section	G.Addendum)		Office Sought	Supported Opposed
Does Expenditure have mure than une expenditure code? IF yes, complete Section G. Addendum Yes X No	code? IF yes, complete if Independent Expenditure has ONE Expenditure Section Number Code) REF						with Referendum?	Amount \$5,522.69
Is this expenditure payment for an expense proviously reported as an expense incurred in Section I	If yes, what is the e	-	Exp. Section I	a Number	per	Final or Full Pr	•	
Name of Payee SEIU		-			Date of Puyme 12/06/201		Method of Paym X Check	# 1026
Street Address 1800 Massachusetts Ave NW	•		City Washin	igton			State DC	Zip Code 20036
If an Independent Expenditure, is it on behalf of more candidate? If yes, con No G. Adden	nplete Section	Description (only comp Complete Section G. Ad Refund of Contrib	ddendum)	endent Expenditu	e bas ONE Expe	nditure Code - if m	ore than one,	Event#
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mo	re than one, (Complete Section	G.Addendum)		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No	_	liture (by code) (only com enditure has ONE Expendi	-	Expenditure Section G	Number Number	Associated v	with Referendum?	Amount \$3,352.99
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the o	-	Exp Section I	enditure Number	ber	Final or Fuli Pa		•

III.E	XPENDITURES (<u>Sections G - J</u>	<u> </u>		· ·	
NAME OF COMMITTEE (As reported on Page 1, Line	i)			TYPE OF R	EPORT	
Labor United for Connecticut				Termination Rep	ort for Independent	Expenditure Political Act
	G. Expenses Pal	ld By Committe	e ·			
Name of Payee CPFU PAC .			Date of Payer 12/06/20		Method of Paymer X Check #	1021
Street Address 50 Columbus Blvd		ity lartford	- L		State	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section One of Addendum	Description (only complete if Complete Section G. Addend Refund of Contribution	dum)	ture has ONE Exp	oenditure Code - if more (han one,	Event#
Name of Candidate (only complete if Independent Expenditure is on behalt	f of ONE candidate - if more tha	an one, Complete Sectio	oa G.Addendum)	·	ffice Sought	Supported Opposed
1	diture (by code) (only complete enditure has ONE Expenditure		re Number Number	Associated with	Roferendum?	Amount \$1,104.54
Is this expenditure payment for an expense previously reported as an expense incurred in Section I If yes, what is the of the expense previously reported as an expense incurred in Section I		Expenditure Number Section Nu	u imber	Final or Full Payer Partial with Balance		······································
		•		Total of Section G	;	\$109,435.58

	m.i	EXPENDITURI	ES (Se	ctions G - "I)				
NAME OF COMMITTEE (As reported	dioniPage 1, Line 1)					TYPE OF RE	PORT	• .	
Labor United for Connecticut					,	Termination Report Political Action Con Original			
	H. Expenses	Incurred on Con	mittee	Credit Care	i			: .	
Name of Issuing Institution			77	pe of Credit Card:					
			ļ	Vim	Master Card	Discover	Ameri	can Express	
				Other					
Name of Vendor, Person or Entity						_	Data of	Transaction	
Straet Address				City			State		Zip Cods
If an Independent Expanditure, is it on behalf of more than one candidate? If yes, comple Yes No Section H. Ad	nte mo	sscription (only complete in the than one, Complete Se			as ONE Expenditure	Code - if		Event#	
Name of Candidate (only complete if Independent if more than one, Complete Section H. Addendum		ONE candidate -		Office	Sought			Supp	nted
								Орра	sed
embergring coops to Act demonsis	Purpose of Expenditure	Bapenditur	Number		Associated with	h Referendum?			Amount
Section H. Addendum Yes No	(by code)	Scotion H	N	unber	Ye	• No	.		
						Total of Section H	I		

	iii. Expend	itures (s	ections (e - I)					
NAME OF COMMITTEE (Astreported on Page	l, Line I)	··· ·			·	TYPE OF R	EPORT		
Labor United for Connecticut		· · · · · · · · · · · · · · · · · · ·	•			Termination Report for Independent Expenditure Political Action Committees (Non Standard) -			
I. Expense	s Incurred By Comm	ittee but Not	Paid Dur	ing this P	eriod .				
Name of Creditor							Date Insurred		
Street Address	•		City				State	Zíp,Code	
If an Independent Rependiture, is it on behalf of more than one candidate? If yes, comp Yes No Section I. A		Description						. Bvent#	
Name of Candidate (only complete if Independent Expenditure Section I. Addendum)	is on behalf of ONE candidate -	if more than one, (Complete		Office Sough	t .		Supported	
							-	Opposed	
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expe	nditure Numbe	r mber	Associated	with Referend	um?	Amount	
Yes No		Section			Ye	•	No	•	
					Total of Secti	on'i			

	III. EXPEN	DI	TURES (S	ectio	ns G - J)				e		
NAME OF COMMITTEE (As reported on Pag	e 1, Line 1)						TYP	E OF REPORT			
Labor United for Connecticut								nation Report for Inc at Action Committee			
J. Itemization	of Reimbursements	and	d Secondary	Paye	Bes		.,				
Last Name of Worker/Consultant		F	First			МІ		Date of Payment to Vendor, Person or Entity			
Name of Vendor, Person or Butity Paid by Committee Work	er/Consultant				Payment to R	eimburse Co Check #	mmitte	e Worker/Consultant s	s reported in	a Section G	
Street Address of Vendor, Person or Entity Paid by Committee	æ Worker/Consultant			City	,	_			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than o If yes, co Yes No Section J.		Des	scription					7	Event#		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum Office Sought								Supported Opposed			
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)		Expenditus Section	e Numb	oer Number	Associat	Associated with Referendum? Yes No			Amount	
	·						T	otal of Section J			
IV. DISCLO	SURE IN COMMU	INI	CATIONS	(Se	ctions K -	L)				:	
NAME OF COMMITTEE (As reported on Pag	ge 1, Line 1)							TYPE OF REI	PORT		
Labor United for Connecticut	u							mination Report for ilical Action Commit			
K. Five L	argest Contributions	Dis	closed in Co	mmı	unication						
Source of Contribution - Name of Person Making Contribution									Expendit Section	ure Number Number	
Address of Person Making Contribution - City									State	Zip Code	
Source of Contribution - Name of Individual who Signed Che	ck or Authorized Contribution									Amount	

IV. DISCLOSURE IN COMM	IUNICA	ATIONS (Sections K	(-L)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)		•			T	YPE OF REPO	RT	
Labor United for Connecticut					Fermination Report for Independent Expenditure Political Action Committees Non Steedard) - Original			
L. "Nesting Dolls" Provision for	Top 5 C	Contributions Disclosed	i în C	ommunication				
	<u>.</u>			 -		1		
Name of Person Receiving Covered Transfer as Reported in Section K						Expenditure No Section	umber Number	
Name of Person Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer - City (if known)					-	State	Zip Code	
Section G. ADDE	ENDUM	[-	
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF RE	PORT			
G. Expenses Paid By	y Commi	ittee - Addendum						
Expenditure Number as reported in Section G		Total A	moun	t of the Expen	diture			
G .		<u></u>					····	
Dascription					Expend	diture Code		
Name of Candidate	Office So	ught (if applicable)		Supported	Amour	t Allocated		

s	ection H. ADDENDUM						
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPOR	T.				
H. Expenses Incurre	d on Committee Credit Card - Adde	üdaw					
Expenditure Number as reported in Section H	Total Amount of Expenditure						
Я							
Description		Expenditure Code					
·							
Name of Candidate	Office Sought (if applicable)	. Supported	Amount Allocated				

	Section I. ADDENDUM		·	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	COMMITTEE (As reported on Page 1, Line 1)			
I. Expenses Incurred b	y Committee but Not Paid During this	s Period - Addendum	· ·	
Expenditure Number as reported in Section I	Tota	d Amount of the Exp	enditure	
Description			Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated	

Section J. A	DDENDUM.					!	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	•	TYPE OF REPORT					
J. Itémizátlón of Rélimbursem		Payées - Adde	ņdūm				
Expenditure Number as reported in Section J	Total Amount of the Expenditure						
Description .	•		Expenditure Codo				
Name of Candidate	Office Sought (if applicable)	Supported Opposed		Amount Alloca		

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 15

COVER PAGE

bor U	nited for Connecticut						
						<u> </u>	
	JRER NAME						٠.
rst			м	Last			Suffix
aul				Filson			-
TREAS	URER ADDRESS		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
reet Add	ress	City			Stat	ie e	Zip Code
0 Beve	rly Rd	West	Hartford		СТ		06119
TYPE O	F REPORT.	•			•		
ł Hour	Independent Expenditure General Election	1 - Origin	al				
PERIOI	COVERED.						
	Beginning Date			Ending Date			
							
	10/21/2016		thru	10/25/2016			•
CERTIF	ICATION						
•							
?	I hereby certify and state, under penalties of fa Itemized Campaign Finance Disclosure Sta complete, and further that any expenditures and obligations disclosed committee, party committee, or candidate com	tement fo	or the period de independ	l covered is true, accura ent of any other individu	ite and		
		Dav	ul Filson			10/26/2016	i 3:32:23PM
lectron	ic Filing	rai			10/26/2016 3:32:23PM DATE CERTIFIED (mm/dd/yyyy)		

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure Ger Original	eral Election 4 -
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$126,537.54	
10. Monetary Receipts (Section A and B)	\$10,000.00	<u></u> \$172,000.00
11. Loans (Section C)	\$0,00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$10,000.00	\$172,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$136,537.54	\$192,000.00
14. Expenses Paid by Committee (Section G)	\$37,500.01	\$92,962.47
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$99,037.53	\$99,037.53
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	, \$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	:
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

	I. RECEIP	TS (Se	ction A-E	<u> </u>				<u> </u>
NAME OF COMMITTEE (As reported on Page 1, Labor United for Connecticut						COF REPO		lture General Election 4
A. Total Contributions from Small Indi	ibutor)				LY d Section A			\$0.00
<u> </u>	B. Itemized Moneta	ry Kecei	pts 					
Name Connecticut State Employee	es Assoc.							
Street Address 760 Capitol Ave	•		City	Har	tford			tate Zip Code T 06106
Principal Occupation (if applicable) Name of Emple					oyer (if applicable)			00130
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Committee Affiliated Organization	_ 000	J=	leceipt :	Contribution Surplus Distribu	tion X		ment for Shared Expense on from Affiliated Treasury
' ' I I V_ I	sthod of Receipt	Cash	Check		тън 🗶		1	aggregate Receipts
if yes, list Event # .X No	Credit/Debit Card		roll Deduction		oney Order			\$20,000.00
or dependent child of a lobbyist?	contributor a state contractor,proyes,indicate which branch or bra vernment the contract is with:	_		principal thereof Executive	•	Yes	X No	Amount Received
Description (if applicable) Contribution						eseived		\$10,000.00
						Total of	Section B	\$10,000.00
TOTAL	OF ALL RECEIPTS	(Secti	ons A & B)	(Total	on Line 10 of Su	nmary Page)	\$10,000.00
	I. RECEIPTS	(Sectio	n A-E)	-				
NAME OF COMMITTEE (As reported on Page 1, 1	Line 1)				TYPE	OF REPOR	tT .	•
Labor United for Connecticut					24 Hour Original	Independen	Expenditu	re General Election 4 -
	C. Loans Received th	nis Perio	d		, Jongma			·
Name of Lender	<u> </u>	s	nurce of Loan:				ĺ	Date of Receipt
			Bank	Individual	Comm	ittes C	ther	
Street Address		City		1000	State	Zip Code		Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	· <u>·········</u>				<u> </u>	<u> </u>	1	Amount Received
Street Address		City			State	Zip Code		
						Total o	Section (2

	I. RECEII	PTS (Sections A-I	E) .	•	•		
NAME OF COMMITTEE (As reported on Page I	Line 1)			• •			OF REPORT
Labor United for Connecticut				<u></u>		Hour Indepe	ndent Expenditure General Inal
	D. In-Kind Co	ontributions					
Namo			-				
Street Address		City				State	Zip Code
ype of Contributor: Individual / Sole Proprietorable	Committee	Date Received			Aggregate	Receipts]
Other Affiliated Business Entity	Affiliated Organization						
Is Contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative							Feir Market Value of this Contribution
this contribution associated with an Yes vent reported in Section F? No	Description of In-Kir	nd Contribution					
ryes, list Event#							· · · · · · · · · · · · · · · · · · ·
				1	otal of Se	ection D	
	I. Receip	ots (Sections A - F		-			· .
NAME OF COMMITTEE	e de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela c				TYPE (OF REPOR	T
Labor United for Connecticut						Independent I 4 - Original	Expanditure General
E. Rei	undable Deposit to	Telephone Compa	ny		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Lest Name of Individual		First Name			мі	Date	Deposit Made
Residential Street Address	C	Sity		State	Zip Cod	de	Amount of Deposit
Name of Telephone company							· .
Street Address City State Zip Code							
					Total o	f Section E	<u> </u>

\$37,500.01

Total of Section G

	II. EVEN	r activity (8	Sections	F)			•			
NAME OF COMMITTEE (As reported	on Page 1, Line	i)				TY	PE OF RE	PORT		
Labor United for Connecticut							24 Hour independent Expenditure General Election 4 - Original			
		F. Eve	nt Infor	mation	;	· · · · ·				
	ription			-			-	Was this s	fundraising event?	
Date of Event									Yes No	
Location: Street Address				Cid	ty			State	Zip Code	
			•							
	III. E	XPENDITURES	S (Secti	ons G - J)						
NAME OF COMMITTEE (As reported	l on Page 1, Line	1)				TYPE OF REPORT				
Labor United for Connecticut						24 Hour Ind	ependent Ex	xpenditure Ge	neral Election 4 - Origin	
<u> </u>		G. Expenses	Paid By	Committee	<u> </u>		- , -		·	
Name of Payes DKC					Date of Paymen 10/21/2016		Meth	Check #		
Street Address			City				State	;	Zip Code	
261 5th Ave			New Yo	rk			N'	Y	10016	
If an Independent Expenditure, is it on behalf of more candidate? If yes, co X Yes	mplete Section	Description (only compl Complete Section G. Ad Digital ads		ndent Expenditu	re has ONE Expen	diture Code - If r	nore than one	,	Event#	
Name of Candidata (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mon	re than one, (Complete Section	G.Addendum)		Office So	ought	Supported Opposed	
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum		liture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number 22831		with Referen	ndum?	Amount ** \$37,500.01	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e	appenditure number riously incurred?	Expe Section	nditure Number Num	uber C	Final or Full Partial with I	-	g		

II	I. EXPENDITUR	ES (Se	ctions G	-Ֆ.	• ; •	•			
NAME OF COMMITTEE (As reported on Page 1, Line	1)				1	YPE OF RE	PORT.		
Labor United for Connecticut						24 Hour Independent Expenditure General Election 4 - Original			
H. Expen	H. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution		Ţ	pe of Credit	Card:					
			Visa	Master Car	nd D	liscover	American Express	•	
			Other						
Name of Vendor, Person or Entity							Date of Transaction		
Street Address			City			State	Zip Code		
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Section H, Addendum	Description (only complete more than one, Complete S		Independent Expenditure has ONE Expenditure Code - if Event # ion H. Addendum						
Name of Candidate (only complete if Independent Expenditure is on beha if more than one, Complete Section H. Addendum)	alf of ONE candidate -			Office Sought			Supp	ported	
							Орр	osed	
Daes Expenditure have more than one expenditure code? IF yes, complete Purpose of Expenditu	re Expenditu	re Number		Associa	ated with Refere	ndum?		Amount	
Section H. Addendum (by code)	Section	N	urober				·		
Yes No	н				Yes	No			
					Ţotal (of Section H			

III. EXPÉNDITURES (Sections G - J)								
NAME OF COMMITTEE (As reported on Page	l, Line ()			7	TYPE OF R	eport		
						4 Hour Independent Expenditure General lection 4 - Original		
I. Expenses lucurred By Committee but Not Paid During this Period								
Name of Creditor					_	Date Incurred		
Street Address		City Se					Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, comp Yes No Section 1. Ac	lete	Description.					Brent #	
Name of Candidats (only complete if Independent Expenditure Section I. Addendum)	is on behalf of ONE candidate - if	f more than one, Con	plote	Office Sough	ıt.		Supported Opposed	
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Expenditure Number Scotton Number I			with Referend	um? No	Amount	
Yes No Total of Section (

	III. EXPENI		ection	ns G - J)						
NAME OF COMMITTEE (As reported on Pag	-			- - · · ·	1	TYP	E OF REPORT	•		
Labor United for Connecticut						24 Ho Origin	ur Independent Ex al	penditure G	eneral Election 4 -	
J. Itemization	of Reimbursements a	nd Secondar	y Paye	es			_			
Last Name of Worker/Consultant		First	·		. ма		Date of Payment to	/endor, Pers	on or Entity	
Name of Vendor, Person or Entity Paid by Committee Works	a/Consultent			Payment to R	cimburse Co	mmitte	s Worker/Consultant	as reported in Section G Debit Card EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant City					State	Zip Code				
If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum						Event#				
Name of Candidate (only complete if Independent Expenditu Complete Section J. Addendum	re is on behalf of ONE candidate	- if more than one,			Office	Sough	!		Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expendite Section		Number	Associated with Referendum? Yes No			ło	- Amount	
						T	otal of Section J			
IV. DISCLO	SURE IN COMMU	NICATION	S (Se	ctions K -	L)			-	<u>.</u>	
NAME OF COMMITTEE (As reported on Page	ge 1, Line 1)					1	TYPE OF RE	PORT		
Labor United for Connecticut							Hour Independent I ction 4 - Original	xpenditure	General	
K. Five L	argest Contributions I	Disclosed in C	ommi	inication					_	
Source of Contribution - Name of Person Making Contribution					Expendit Section	nre Number Number				
Address of Person Making Contribution - City								State	Zip Code	
Source of Contribution - Name of Individual who Signed Che	ck or Authorized Contribution								Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K -	L)		·	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	л	ype of repo)ŖT	
Labor United for Connecticut		24 Hour Independent Expenditure 3eneral Election 4 - Original		
L "Nesting Dolls" Provision for Top 5 Contributions Disclosed i	n Communication		• .	
•				
Name of Person Receiving Covered Transfer as Reported in Section K.		Expenditure N Section	humber Number	
Name of Person Making Covered Transfer to Person Reported in Section K				
Address of Person Making Covered Transfer - City (If known)	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	

	Section G. ADDENDUM	[
NAME OF COMMITTEE (As reported on Page				TYPE OF RE	PORT	
Labor United for Connecticut	1, 2000 17	 = +	1		lent Expenditure Genera	d Election 4 -
(6. Expenses Paid By Commi	ttee - Addendum		·		
Expenditure Number as reported in Sect	ion G	Total Am	nouni	t of the Expen	diture	
G	228313			\$3:	7,500.01	
Description					Expenditure Code	
Digital ads					A-WEB	
Name of Candidate	Name of Candidate Office Scrught (if applicable)					
Saud Anwar		epresentative .		Opposed		\$289.36
Description					Expenditure Code	
Digital ads					A-WEB	. •
Name of Candidate	Office So	ught (if applicable)	П	Supported	Amount Allocated	
Tom Delnicki			\square	Opposed	7.11.01.11	\$1,883.95
Description					Expenditure Code	
Digital ads	,			;	A-WEB	
Name of Candidate	Office Sc	nught (if applicable)	<u> </u>	Supported	Amount Allocated	····
Elizabeth "Betty" A Boukus	State R	tepresentative		Opposed		\$2,168.45
Description					Expenditure Code	
Digital ads		•			A-WEB	
Name of Candidate	Office So	ought (if applicable)	X	Supported	Amount Allocated	
Joshua C Shulman	ļ	tepresentative		Opposed .		\$285.30
Description					Expenditure Code	
Digital ads	•				A-WEB	
Name of Candidate	Office S	ought (if applicable)		Supported	Amount Allocated	· · ·
Gary P Byron		Representative	\square	Opposed	'	\$1.857.41

				· · · - · · · · · · · · · · · · · · · ·
Description			Expenditure Code	
Digital ads			A-WEB	
	0.50	X Supported	A All	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Sharon M Palmer	State Representative	Opposed		\$316.57
Description			Expenditure Code	
	,			-
Digital ads	•	i	A-WEB	
	<u> </u>	<u> </u>	<u> </u>	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Kathleen M McCarty	State Representative	X Opposed		\$2,062.01
	<u> </u>	<u> </u>	<u> </u>	
Description .	•		Expenditure Code	
Digital ads		•	A-WEB	
·			ļ 	
Name of Candidate	Office Saught (if applicable)	X Supported	Amount Allocated	
	State Representative	<u></u>		4222.22
Christine Conley	State Representative	Opposed	•	\$208.29
Description			Expenditure Code	
Digital ads			A-WEB	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	•
John F Scott IV	State Representative	X Opposed		\$1,353.36
Description			Expenditure Code	
Digital ads			A-WEB	
· · · · · · · · · · · · · · · · · · ·		1		-
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Joseph B de la Cruz	State Representative	Opposed		\$279.03
	<u> </u>	<u> </u>		
Description			Bapenditure Code	
Digital ads			A-WEB	•
	T	T		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	•
aun ·	State Representative	X Opposed		\$1,803.82
			<u> </u>	7-,000.02
Description			Expenditure Code	
Digital ads			A-WEB	
		•		
Norman of Countries to	Office South (15 - 11-11-11-11-11-11-11-11-11-11-11-11-1	X Supported	A	
Name of Candidate	Office Sought (if applicable)	I—	Amount Allocated	
Susan C Eastwood	State Representative	Opposed]	. \$305.08

Description			Expenditure Code	
Digital ads			A-WEB	
	T	·		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Sam Beisito	State Representative	Y Opposed		\$1,973.18
	<u> </u>			
Description		_	Expenditure Code	
Digital ads			A-WEB	
				····
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Tim Curtis	State Representative	Opposed		\$349.91
	<u> </u>	-	Expenditure Code	
Description	•			
Digital ads			A-WEB	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated .	
Scott A Storms	State Representative	X. Opposed	<u></u>	\$2,264.46
Description			Expenditure Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Digital ads			A-WEB	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Laura E Bartok	State Representative	Opposed		\$311.58
			<u></u>	
Description .			Expenditure Code	
Digital ads			A-WEB .	
	<u> </u>	Т —		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Cara C Pavalock	State Representative	X Opposed		\$2,015.44
	1	<u> </u>		
Description			. Expenditure Code .	
Digital ads		•	A-WEB	
	T			
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Liz Linehan	State Representative	Opposed		\$301.75
Description	, , , , , , , , , , , , , , , , , , ,	· ·	Expenditure Code	. <u>. </u>
Digital ads		·	A-WEB	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Andrew A Falvey	State Representative	X Opposed		\$1,951.49
				EP.165,19

Description Digital ads	•		Expenditure Code A-WEB	
Name of Candidate Eva Bermudez Zimmerman	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$327.83
Description Digital ads			Expenditure Code A-WEB	
Name of Candidate Mitch Bolinsky	Office Sought (if applicable) State Representative	Supported X Opposed	Amount Allocated	\$2,120.80
Description			Expenditure Code A-WEB	
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	. \$318.25
Description Digital ads			Expenditure Code	
Name of Candidate Charles J Ferraro	Office Sought (if applicable) State Representative	Supported Opposed	Amount Allocated	\$2,058.81
Description . Digital ads			Expenditure Code	<u> </u>
Name of Candidate Timothy R Bowles	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$1,188.63
Description Digital ads			Expenditure Code A-WEB	
Name of Candidate Heather Somers	Office Sought (if applicable) State Representative	Supported **Opposed	Amount Allocated	\$7,716.07
Description Digital ads			Expenditure Codo A-WEB	
Name of Condidate Russell A. Morin	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$216.67

	·		
Description Digital ads			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported A	Amount Allocated
Mike J Hurley	State Representative	X Opposed	\$1,572.51
	•		
	Section H. ADDENDUM	, .	
NAME OF COMMITTEE (As reported on Page, I, Line, I)		TYPE OF REP	ORT
H. Expenses Incur	red on Committee Credit Card - A	ddendam	
Expenditure Number as reported in Section H	Tota	l Amount of Expenditure	· · · · · · · · · · · · · · · · · · ·
н			
			
Description		Expenditure Code	
•			
<u> </u>			7 · · · · · · · · · · · · · · · · · · ·
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Onnosed	

		 ;-					
. S	ection I. ADDENI	DUM					
NAME OF COMMITTEE (As reported on Page 1, Line 1)			•	1	YPE OF REPORT		
L Expenses Incurred by C	committee but Not I	ald During th	is Period -	Addendu	m		
Expenditure Number as reported in Section I		Tot	al Amount	of the Ex	penditure		
ī							
Description					Expenditure Code		
				.	•		
	1						
Name of Candidate	Office Sought (if applica		Supported	Amount Allocated			
				Opposed			
		•					
	· · · · · · · · · · · · · · · · · · ·						
Section J. A	DDENDUM	•					
NAME OF COMMITTIE (As reported on Page 1, Line 1)				TYPE O	FREPORT		
							
J. Itemization of Reimburseme	ents and Secondary	Payees - Adde	ndum		THE STATE OF THE S		
Expenditure Number as reported in Section J		Tot	al Amount	of the Ex	penditure		
J							
Description			Expendit	ure Code			
	•			-			
Name of Candidate	Office Sought (if applicable	B)	Suppo	rted	Amount Allocated		

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised May 2016



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 19

COVER PAGE

			VEKPA	OE .							
1. NAM	OF COMMITTEE		*:	•	2. BLEC	TION/R	EFERENDUM DATE				
Labor (United for Connecticut										
J. TREA	SURER NAME										
First			мі	Last			Suffix				
Paul				Filson							
4. TREA	SURER ADDRESS		<u> </u>	•							
Street Ac	dress	City			State	2	ip Code				
20 Bev	erly Rd	West	Hartford		ст	9	6119				
5. TYPE	OFREPORT						·				
24 Hou	r Independent Expenditure General Election –	Amendn	nent				•				
6. PERIO	D COVERED										
	Beginning Date		,	Ending Date			·				
	10/01/2016		thru	10/13/2016							
1 CERT	FICATION						•				
V											
Electro	nic Filing	Pau	ıl Filson		10/21/	/2016	11:46:57AM				
TREASU	RER OR DEPUTY TREASURER (SIGNATURE	PRO	NT NAME OI	SIGNER	. DATE C	ERTIFII	3D (mm/dd/yyyy)				
	A Person who is found to have knowingly and willfupensity or imprisonment or both.	illy violati	ed any provi	sions of the campaign finance	statutes faces (a civii					

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure Geo- Amendment	ral Election -
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$20,000.00	
10. Monetary Receipts (Section A and B)	\$122,000.00	. \$122,000.00
11. Leans (Section C)	*0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$122,000.00	\$122,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$142,000.00	\$142,000.00
14. Expenses Paid by Committee (Section G)	\$48,775.96	\$48,775.96
15. Balance on band at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$93,224.04	\$93,224.04
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0,00	:
20a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Sec	tion A-E)		• .
NAME OF COMMITTEE (As reported on Page 1, Line 1)	,	TYPE OF REPORT	·
Labor United for Connecticut			enditure General Election -
		<u> </u>	
A. Total Contributions from Small Individual Contributors-Receiv	ed this Period ONLY		
(See instructions for definition of Small Individual Contributor)	Subtotal Section	.	\$0.00
P Itemized Monatory Pagein			
D. REMIECU MURICAL J NOVEL			<u> </u>
Name CPFU -PAC			
Street Address 50 Columbus Blvd	City Hartford		State Zip Code
Principal Occupation (if applicable)	Name of Employer (if ap	nlianhla)	CT 06106
Lunchar occubation (n abbresist)	Name of Employer (if app	pin-eote)	
Source Type: Individual/Sole Proprietorship X Committee Dother Bank Affiliated Business Entity Affiliated Organization	Type of Receipt: X Centre Bank Interest Surplus Miscellaneous		ursement for Shared Expense
is this receipt associated with an Method of Receipt Cash	X Check EF	т	Aggregate Receipts
svent reported in Section F?	_		42.000.00
	oil Deduction Money Order		\$2,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes If yes, indicate which branch or branches of government the contract is with:	e contractor or principal thereof? Executive Legislati	Yes X N	Amount Received
Description (if applicable)		Date Received	7
Contribution -		10/12/2016	\$2,000.00
Name			
Congress of Connecticut Community Colleges			
Street Address 907 Wethersfield Ave	City		State Zip Cods
	Now of Paralam Com	-liable	CT 06114
Principal Occupation (if applicable)	Name of Employer (if ap	pricaolej	•
Source Type: Individual/Sole Proprietorship Committee C Other Bank Affiliated Business Entity K Affiliated Organization			urisment for Shared Expense bution from Affiliated Treasury
Is this receipt associated with an country Yes Method of Receipt Cash	X Check EF	т	Aggregate Receipts
If yes, list fivent# R No Credit/Debit Card Payre	all Deduction Money Order		\$20,000.00
[a contributor a lobbyist, apouse, or dependent child of a lobbyist? Yes No If yes, indicate which branch or branches of government the contract is with:	le contractor or principal thereof ?	Yes X N	o Amount Received
Description (if applicable)		Date Received	
Contribution		10/08/2016	, \$20,000.00

Name SEIU Local 32	BJ PAC			•		• • • • • •					
Street Address 196	Trumbu				City		Hartford			State	Zip Code 06103
Principal Occupation (if applicable)			****			Name of	Employer (if app	plicable)		<u> </u>	
Source Type : Individual/Sole Proprie	•	×	Committee Affiliated Organi	Other	Ban	Receipt : k Interest cellaneous		ibution Distribution	_		or Shared Expense
is this receipt associated with an	☐ Yes	Method of	Receipt	Cash	Check	:	X EFT	.		Aggreg	ate Receipts
event reported in Section F? (f yes, list Event#	X No		Credit/Debit Card	☐ Per	roll Deduction	ב	Money Order	Ī			\$30,000.00
Is contributor a lobbyist, sponse, or dependent child of a lobbyist?	Yes X No	If yes, indi	tor a state contracto icate which branch (at the contract is wi	or branches of	ate contractor o	r principal t Executive	hereof?		Yes X	Vα	Amount Received
Description (if applicable) Contribution					-			Date Received	-		\$30,000.00 ·
Name Connecticut S	itate Empl	oyees Ass	ioc.	•							· · · · · · · · · · · · · · · · · · ·
Street Address 760	Capitol	Ave			City		Hartford			State	Zip Code 06106
Principal Occupation (if applicable)				•		Name of	f Employer (if ap	plicable)			
Source Type : Individual/Sole Propri	-	×	Committee Affiliated Organi	Othe		Receipt : k Interest cellaneous		ibution Distribution	_		or Shared Expense Affiliated Treasury
is this receipt associated with an event reported in Section F?	☐ Yes	Method of	Receipt	Cash	Check	c	x af	Г		Aggrega	nto Recaipts
•	x No		Credit/Debit Card	☐ r ₀	yroll Deduction	2	Money Order	7			\$10,000.00
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	if yes, indi	nor a state contractor leate which branch in the contract is wi	or branches of	_	r principal f Executive	_		Yea ·X	No	Amount Received
Description (if applicable)		L	· · · · · · · · · · · · · · · · · · ·					Date Received	l	\dashv	
contribution								10/06/201	6		\$10,000.00

Name Connecticut Healthcare	District 1199				•		
Street Address 77 Huyshop	e Ave	City Hartford		State	Zip Code		
· · · · · · · · · · · · · · · · · · ·		110,00,0		ст	06106		
Principal Occupation (if applicable)		Name of Employer (if ag	plicable)				
Source Type : Individual/Sole Proprietorship Bank - Affiliated Business Entity	X Committee Other Affiliated Organization				hared Expense		
Is this receipt associated with an event reported in Section F? Yes	Method of Receipt Cash	X Check EF	т	Aggregate l	Receipts ·		
If yes, list Event # No	Credit/Debit Card Payroll	Deduction Money Orde			\$40,000.00		
Is contributor a lobbyist, spruse, or dependent child of a lobbyist?	Is contributor a state contractor, prospective state of fives, indicate which branch or branches of government the contract is with:	contractor or principal thereof?	Yes X h	ro A	Amount Received		
Description (if applicable) Contribution			Date Received 10/05/2016	<u> </u>	\$40,000.00		
Name Connecticut State Unive	ersity American Assoc. od Univ Profs			· · · · · · · · · · · · · · · · · · ·	<u>·</u>		
Street Address CCSU Marcus White 316 City New Britain							
Street Address CCSU Marc	us White 316	City New Britain		State CT	Zip Code 06050		
Street Address CCSU Marc Principal Occupation (if applicable)	us White 316	City New Britain Name of Employer (if s			1 ' -		
CCSU Marc	US White 316 Committee Other Affiliated Organization	New Britain Name of Resployer (if ag Type of Receipt:	ribution Reimi	CT	1 ' -		
Principal Occupation (if applicable) Source Type: Individual/Sole Proprietorabip	Committee Other Affiliated Organization	Name of Employer (if ag Name of Employer (if ag Type of Receipt: Comb	ribution Reimi	CT	06050 hared Expense filiated Treasury		
CCSU Marc Principal Occupation (if applicable) Source Type: Individual/Sole Proprietorship Bank Affiliated Business Entity Is this receipt associated with an event reported in Section F7 If yes, list Event # E No	Committee Other Affiliated Organization Method of Receipt Cash	New Britain Name of Employer (if ag Type of Receipt: Comb Bank Interest Surplus Miscellaneous X Check RF	ribution Reimi	CT	06050 hared Expense filiated Treasury		
CCSU Marc Principal Occupation (if applicable) Source Type: Individual/Sole Proprietorship Bank Affiliated Business Entity Is this receipt associated with an event reported in Section F7	Committee Other Affiliated Organization Method of Receipt Cash	New Britain Name of Employer (if ag Type of Receipt: Comb Bank Interest Surplus Miscellaneous X Check RF	ribution Reimi	CT bursement for 8 button from Af	06050 hared Expense fillisted Treasury Receipts		
CCSU Marc Principal Occupation (if applicable) Source Type: Individual/Sole Proprietorship Bank Affiliated Business Boilty Is this receipt associated with an event reported in Section F? If yes, list Event # Is contributor a lobbyist, apprass, or directed statistics of the publish of a lobbyist?	Committee Other Affiliated Organization Method of Receipt Cash Credit/Debit Card Payroll Is contributor a state contractor, prospective state of the process of the contractor of the process of the contractor of the contracto	New Britain Name of Employer (if sp Type of Receipt: Comb Bank Interest Surplus Miscellaneous X Check RF Deduction Money Order contractor or principal thereof?	ribution Reimi	CT bursement for 8 button from Af	hared Expense Silisted Treasury Recolpts \$10,000.00		

		· · · · · · · · · · · · · · · · · · ·	
Name CEUI			
Street Address 110 Rando	lph Rd	Giy . Middletown	State Zip Code CT 06457
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Entity	Commutatee Other Affiliated Organization		bursement for Shared Expense ibution from Affiliated Treasury
fs this receipt associated with an event reported in Section F?	Method of Receipt Cash	E Check	Aggregate Receipts
of yes, list Brent # X' No		Il Deduction	
(s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof?	No Amount Received .
Description (if applicable)		Dato Received	-
Contribution		10/05/2016	\$10,000.00
Name GEUI			
Street Address 110-Rand G	lph-Rd	City Middletown	State Zip Code
Principal Occupation (if applicable)		Name of Employer (if applicable)	
Source Type : Individual/Sole Proprietorship Bank Affiliated Business Satity	Committee Other M. Affiliated Organization		bursement for Shared Expense
Is this receipt associated with an	Method of Receipt Cash	X Check EPT	Aggregate Recsipts
gvent reported in Section F?	Credit/Debit Card Payrol	Il Deduction Money Order	\$9.09-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a state contractor, prospective state If yes, indicate which branch or branches of government the contract is with:	contractor or principal thereof?	No Amount Received
Description (if applicable) Contribution	· · · · · · · · · · · · · · · · · · ·	Date Received ±0/05/2016	\$10,000.00
		Total of Secti	on B \$122,000.00
то	TAL OF ALL RECEIPTS (Section	us A & B) (Total on Line 10 of Summary Page)	\$122,000.00

I. RECEIPTS	S (Section A	1-E)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)				T	PE OF	REPORT	,	
Labor United for Connecticut					Hour Ind		xpenditure G	Beneral Election -
C. Loans Received t	this Period					•		
Name of Lender		e of Loan:	Individual		Committee	e Othe		e of Receipt
Street Address .	City				State	Zip Cods		here a cosigner or arentor of this loan?
Name of Cosigner/Chuarantor (if applicable)	<u>. </u>		. <u>-</u>					Amount Received
Street Address	City				State	Zip Code		
	· · · · · · · · · · · · · · · · · · ·		-			Total of S	ection C	
				<u>-</u>				
I. RECEIPT	rs (Section	s A-E)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYP	e of Rep	ORT
Labor United for Connecticut						24 Hour Inde Election - An		penditure General
D. In-Kind Cont	tributions		····					
Name .								
Street Address	City					State		Zip Code
Type of Contributor: Individual / Sole Proprietorahip Committee Other Affiliated Business Entity Affiliated Organization	Date Receive	:d			Aggrega	ate Receipts		-
Is Contributor a lobbyist, spouse, or Yes is contributor a state contractor, press dependent child of a lobbyist? No if yes, indicate which branch or branch government the contract is with:			pal (hereof? ecutive	Legislativ		Yes No	Pair l	Market Value of this Contribution
Is this contribution associated with an Yes Description of In-Kind C event reported in Section F? No If yes, list Events	Contribution							•
		<u></u>		-				· · · · · · · · · · · · · · · · · · ·
				1	Cotal of	Section D	l	

L Re	eceipt	s (Sections A - E		٠.					
NAME OF COMMITTEE					Type of i	REPOR	T	•	
Labor United for Connecticut					24 Hour Independent Expanditure General Election - Amendment				
E. Refundable Depos	sit to 1	l'elephone Company							
Last Name of Individual		First Name				MI Date Deposit Meda			
Rosidential Street Address	City	City Scate			Zip Code		Amount of Deposit		
Name of Telephone company								_	
Street Address	City	y State			Zip Ceds				
					Total of Section E				
IL EVENT ACTIV	VITY	(Sections F)						•	
NAME OF COMMITTEE (As reported on Page 1, Line 1)				•	TYPE OF	REPO	ORT		
Labor United for Connecticut					24 Hour ind Election - A		ent Expenditur ent	e General	
	F. E	Event Information							
Event # Description Date of Event	<u>-</u> -						Was this a fun Yes	draising event?	
Location: Street Address		т	City			+	I CS	Zip Code	

	III. E	XPENDITURES	S (Secti	ons (<u> </u>				•				
NAME OF COMMITTEE (As reporte	d on Page 1, Line	1)			<i>,</i>	<u> </u>		TYPE OF	RE	PORT		<u></u>	
Labor United for Connecticut						_		24 Hour Indep	pend	ent Expenditue	e Gen	eral Electic	on - Amendi
	• • • • • • • • • • • • • • • • • • • •	G. Expenses	Paid By	Com	mittee			· ·					
Nume of Payer TD Bank						Date of Payo 10/01/20				Mathod of Paye		×] eft
Street Address 333 N Main St .			City West H	artford						State		Zip Cade 06117	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section Yes X No G. Addendum Description (only complete if Independent Complete Section C. Addendum) Checking account fee						e bas ONE Ex	pendit	ure Code - if ze	ore th	en one,		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed					
Does Expenditure bave more than one expenditure code? IF yes, complete Section G. Addendum Yes X No		if Independent Expenditure has ONE Expenditure Code) BNK Expenditure Number Code) Yes					vith R	x No		Amount	\$25.95		
Is this expenditure psyment for an expense proviously reported as an expense incurred in Section I	If yes, what is the e	-	Section	1	Numi	ber		Final or Full Pa	-				
Name of Payes DKC						Date of Pays 10/13/20				Method of Paye		×	BFT
Street Address 261 5th Ave			City New Yo	ork						State		Zip Code 10016	
If an Independent Expenditure, is it on behalf of mo- candidate? If yes, c. X Yes No G. Adde	omplete Section	Description (only compl Complete Section G. Ad Digital Ads		endent E	xpenditur	e bas ONE Ex	pendit	ure Code - if mo	ore th	an one,		Event#	
Name of Candidate (only complete if Independent H	xpenditure is on behalf	of ONE candidate - if mor	re than one, (Complete	Section	G.Addendum)			Off	ice Sought			Supported Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section G. Addendum Yes X No		liture (by code) (only comp enditure has ONE Expendi		Exp Section G	penditure on	Number Number 223	719	Associated v	vith R	keferendum?		Amount	8,750.01
Is this expenditure payment for an expense proviously reported as an expense incurred in Section I	If yea, what is the e	-	Expo Section I	enditure 1	Number Numi	ber		Final or Full Pa	-				
							T.	ntal of Section		T		\$41	8.775.96

ņ	II. EXPENDITUR	ES (Se	ections	G -J)) <u>:</u>			• • •	
NAME OF COMMITTEE (As reported on Page 1, Line	Ŋ					туре ог	REPOR	Ť	
Labor United for Connecticut			, <u></u>			24 Hour Independent Expenditure General Election - Amendment			
H: Expen	ses Incurred on Co	mmitte	e Credi	t Card			-		
Name of Issuing Institution		ינ	Type of Credit Card:						
		Ì	Visa Other		Master Card	Discover	An	nerican Express	
Name of Vendor, Person or Entity						Dete	of Transaction		
Street Address			City			State	В	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Soction H. Addendum	Description (only complete more than one, Complete S				s ONB Expenditure	Code - if		Event#	
Name of Candidate (only complete if Independent Expanditure is an behit more than one, Complete Section H. Addendum)	alf of ONE candidate -			Office	Sought			Supp	orted
								Оррс	sed
Does Expenditure have more than one expenditure code? If yes, complete (by code) Section H. Addendum	Expenditu	re Number	t Vumber		Associated wi	Associated with Referendum?			Amount
Yes No	н		<u>-</u>		Y	# 	No		
						Total of Section	н		

	III. EXPENDI	TURES (Sec	ctions G - 3)				
NAME OF COMMITTEE (As reported on Page 1,	·Line i)				TYPE OF R	EPORT-	
Labor United for Connecticut					24 Hour Indep Election - Arm		nditure General
I. Expenses	Incurred By Commit	tee but Not P	ald During this F	eriod	- :	٠.	
Name of Creditor	***					Date Incurred	
					-		·
Street Address		Į.	Äty			State	Zip Cods
							<u></u>
If an Independent Expenditure, is it on behalf of more than one sandidate?	'	Description.					Bvent#
Yes No Section I. Add							
Name of Candidate (only complete if Independent Expenditure is Section I. Addenium)	on behalf of ONE candidate - if	fenere than one, Con	milete	Office Sou	ght .		Supported
	•						Opposed
Does Expenditure have more than one expenditure code? If yes, complete Section I. Addendum	Purpose of Expenditure (by sode)	Expendi Sention	iture Number	Azeoda	tod with Reference	luri?	Amount
Yes No	V-8y	I	Mumber		Yes	No	
	•			Total of Se	etion:I	1	

III. EXPENDITURES (Sections G - J)									
NAME OF COMMITTEE (As reported on Page	e 1, Line 1)					TYP	E OF REPORT		
Labor United for Connecticut	· · ·		-				our Independent Exp adment	enditure G	aneral Election -
J. Itemization	of Reimbursements	and Secondary	Paye	es					
Last Name of Worker/Consultant First MI Date of Payro			Date of Payment to V	Psyment to Vendor, Person or Entity					
Name of Vendor, Person or Entity Pald by Committee Worker/Consultant Payment to Roimburge Committee Worker/Consultant					eo Worker/Consultant a	s reported i	1 Section G		
	<u>-</u>				Check#			Debit Card	EPT
Street Address of Vendor, Person or Entity Paid by Committee	e Worker/Consultant		City			٠		State	Zip Cade
If yes, cor	If an Independent Expenditure, is it on behalf of more than one Candidate? If yes, complete Yes No Section J. Addendum					Event#			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum				at .		Supported Opposed			
		T			 				
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditu Section		Number	Associate	Associated with Referendum? Yes No		0	Amount
Yes No] 1			<u> </u>			<u>l</u>	
·						T	otal of Section J		
IV. DISCLO	SURE IN COMMU	NICATION!	S (Se	ctions K -	L)				-
NAME OF COMMITTEE (As reported on Page	ge 1, Line 1)						TYPE OF REI	REPORT	
Labor United for Connecticut 24 Hour Independent Expenditure General Election - Amendment					General				
K. Five Largest Contributions Disclosed in Communication									
Source of Contribution - Name of Person Making Contribution	TI						:	Expendit Section	ure Number Number
Address of Person Making Contribution - City								State	Zip Cods
Source of Contribution - Name of Individual who Signed Ch	eck or Authorized Contribution								Amount

IV. DISCLOSURE IN COMMUNICATIONS (Sections R - L)	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TÝPE ÖF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure Sengral Election - Amendment
L: "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K.	Expenditure No Section	umber Number
Name of Person Making Covered Transfer to Person Reported in Section K	•	
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

	Section G. ADDE	NDUM	. · · · · · · · · · · · · · · · · · · ·		t-			
NAME OF COMMITTEE (As repo	rted on Page 1, Line 1)					YPE OF REPORT		
Labor United for Connecticut					24 Hour Independ Amendment	dent Expenditure General	Election -	
	G. Expenses Paid By	Commi	ttee - Addendum				25	
Expenditure Number as repor	ted in Section G		Total A	moun	t of the Expen	diture		
G	223719				\$4	8,750.01	-	
Description	- · · · · · · · · · · · · · · · · · · ·					Expenditure Code		
Digital ads						А-ОТН		
Name of Candidate	·	Office So	ught (if applicable)	Image: second content of the s	Supported	Amount Allocated		
Saud Anwar		State Representative Opposed			Opposed		\$1,060.36	
Description			 _			Expenditure Code		
Digital ads						A-OTH		
Name of Candidate		Office So	ught (if applicable)		Supported	Amount Allocated		
Tom Delnicki		State R	epresentative .	×	Opposed		\$2,121.71	
Description						Expenditure Code		
Digital ads						A-OTH		
Name of Candidate		Office So	ught (if applicable)	X	Supported	Amount Allocated		
Elizabeth "Betty" A Boukus		State R	epresentative		Opposed		\$1,055.82	
Description						Expenditure Code		
Digital ads						A-OTH		
Name of Candidate		Office Sc	rught (if applicable)		Supported	Amount Allocated		
William A Petit Jr		State R	epresentative	×	Opposed .		\$2,112.63	
Description						Expenditure Code		
Digital ads						A-OTH		
Name of Candidate		Office Sc	ught (if applicable)	X	Supported	Amount Allocated		
Joshua C Shulman		State R	epresentative		Opposed		\$1,050,12	

				
Description			Expenditure Code	
Digital ads			A-OTH	
		•		_
				-
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Gary P Byron	State Representative	Y Opposed		\$2,101.23
	<u> </u>	<u> </u>		
Description			Expenditure Code	
Digital ads		•	A-OTH	
		_		
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Sharon M Palmer	State Representative	Opposed		\$1,129.08
	<u> </u>	<u> </u>		
Description			Expenditure Code	
Digital ads			A-OTH	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Kathleen M McCarty .	State Representative	X Opposed		\$2,259.17
		<u> </u>		
· Description			Expenditure Code	
Digital ads			· A-OTH	
·	_			
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	•
Christine Conley	State Representative	Opposed		\$855.65
	<u> </u>			
Description			Expenditure Code	
Digital ads			A-OTH	
	000-0-1-1-1-1-1-1		Amount Allocated	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
John Scott 2016	State Representative	X: Opposed		\$1,712.31
	<u> </u>			
Description			Expenditure Code	
Digital ads		•	A-OTH	
Name of the second seco	· · · · · · · · · · · · · · · · · · ·			
	Office Squaht (if applicable)	Supported	Amount Allocated	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Joe De La Cruz 2016	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$1,027.31
Joe De La Cruz 2016		l		\$1,027.31
		l	Amount Allocated Bapenditure Code	\$1,027.31
Joe De La Cruz 2016		l		\$1,027.31
Joe De La Cruz 2016 Description		l	Expenditure Code	\$1,027.31 ·
Joe De La Cruz 2016 Description Digital ads	State Representative	Opposed	Expenditure Code A-OTH	\$1,027.31
Joe De La Cruz 2016 Description		l	Expenditure Code	\$1,027.31

Description			Expenditure Code	
Digital ads		•	A-OTH	
	T		· · · · · · · · · · · · · · · · · · ·	
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Susan C Eastwood	State Representative	Opposed		\$1,092.45
Description	<u> </u>	-	Expenditure Code	
Digital ads			A-OTH	
		• •	,	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Sam Belsito	State Representative	X Opposed		\$2,185.90
Sain Besito	Saw Nopiosaliani	C Oppused		\$2,103.50
Description			Expenditure Code	
Digital ads			A-OTH	
	T	T		
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Tim Curtis	State Representative	Opposed		\$1,204.46
Description	J	-	- Expenditure Code	!
			_	
Digital ads			A-OTH .	
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Scott A Storms	State Representative	X Opposed		\$2,409.92
Sect A Sullis				
Description			Expenditure Code	
Digital ads			A-OTH	
	T	<u>T</u>		
Name of Candidate	Office Sought (if applicable)	X Supported	Amount Allocated	
Laure E Bartok	State Representative	Opposed		\$1,108.71
Description			Expenditure Code	
Digital ads			A-OTH	
				· · · · · · · · · · · · · · · · · · ·
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated	
Cara C Pavalock	State Representative	X Opposed		\$2,217.42
Description			Expenditure Code	
Digital ads			A-OTH	
Name of Candidate	Office Sought (if applicable)	X- Supported	Amount Allocated	
Liz Linehan	State Representative	Opposed		\$1,084.11

Description Digital ads			Expenditure Code A-OTH	
Name of Cendidate Andrew A Falvey	Office Sought (if applicable) State Representative	Supported X Opposed	Amount Allocated	\$2,168.22
Description Digital ads			Expenditure Cods A-OTH	
Name of Candidate Eva Bermudez Zimmerman	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$1,149.25
Description Digital ads			Expenditure Code A-OTH	
Name of Candidate Mitch Bolinsky	Office Sought (if applicable) State Representative	Supported X Opposed	Amount Allocated	\$2,298.50
Description Digital ads			Expenditure Code	
Name of Candidate Sean P Ronan	Office Sought (if applicable) State Representative	X Supported Opposed	Amount Allocated	\$1,125.39
Description Digital ads			Expenditure Code A-OTH	
Name of Candidate Charles J Ferraro	Office Sought (if applicable) State Representative	Supported X Opposed	Amount Allocated	\$2,250.78
Description Digital ads			Expenditure Code A-OTH	
Name of Candidate Timothy R Bowles	Office Sought (if applicable) State Senator	Supported Opposed	Amount Allocated	\$3,301.31
Description Digital ads			Expenditure Code A-OTH	
Name of Candidate Heather Somers	Office Sought (if applicable) State Senator	Supported X Opposed	Amount Allocated	\$6,612.57

Section H. ADDENDUM						
NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT				
H. Expenses Incurred on Committee Credit Card - Addendum						
Expenditure Number as reported in Section H	lumber as reported in Section H Total Amount of Expenditure					
H						
Description		Bxpenditure Code				
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated			

Section I. ADDENDUM					
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYP	E OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum					
Expenditure Number as reported in Section I	I Total Amount of the Expenditure				
I · .					
Description		·	B	spenditure Code	
	T			·	
Name of Candidate	Office Sought (if applicable)	Supported Opposed		Amount Allocated	
	<u> </u>	Оргили			

	Section J. A.	DDENDUM					
NAME OF CON	MMITTEE (Astreported on Page 1, Line 1)		·	TYPE OF	REPORT		
	J. Itemization of Reimburseme	nts and Secondary	Payees, - Adde	ndum			
Expenditure !	Expenditure Number as reported in Section J To			otal Amount of the Expenditure			
	J	·			,		
Description				Expenditure Code			
Nume of Candidate		Office Sought (if applicable	e) .	Supported Opposed	Amount Allocated		